

**Consent Form/Release of Liability to Attend:** \_\_\_\_\_  
**at** \_\_\_\_\_ **on** \_\_\_\_\_

In the event of an emergency, I hereby authorize an adult leader of an activity to consent to medical treatment advised by a licensed medical physician. I expected to be contacted as soon as possible. I recognize that Parent Medical Insurance is primary, as prior listed in general release of liability. My signature releases Camas Church of the Nazarene and its trustees, officers, directors, employees, agents and representatives from any claims, injury, damage, disease, sickness, or death arising out of my minor child's participation in the activity.

**Event Details:**

**Where:**

**What Times:**

**What to Bring:**

**ETC**

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**Transportation:**

Drivers of vehicles for off-site church activities have been screened for insurance and have national background checks. My signature approves of my child participating in an off-campus activity that requires going by church or private vehicle. My signature releases Camas Church of the Nazarene, its staff and drivers from responsibility and liability for any injury or illness that my child may be sustained during an activity on or off-site.

**Cut off this bottom portion and return to Pastor Kylie before the event.**

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Has anything changed with the student's medication/health insurance information? If Yes, please be sure to update with Pastor Johnny before the event. Yes No

*Student Name:*

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*Signature of parent or legal guardian:*

..... **Date:** .....