

FUSION Elevate - Permission and Release Form

CHURCH or GROUP NAME

Participant Information

| | | | | |
|----------------------|--|----------------------------------|------------------|-----|
| Participant Name | | Date of Birth | Grade | |
| Primary phone number | <input type="checkbox"/> Home <input type="checkbox"/> Cell | Parent or Guardian Email Address | | |
| Address | | City | State | Zip |
| Emergency Contact | | | Emergency Number | |

Medical Information -info will remain private and only given to emergency personnel in case of a medical emergency

| | |
|--|------------------------------------|
| Does the participant have any allergies? <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please list the allergies. |
|--|------------------------------------|

List all prescription or over the counter (OTC) medication the participant is taking:

Does the participant have a chronic or recurring illness? If yes, please explain.

Has the participant had surgery or a serious illness in the past year? If yes, please explain.

List any restrictions on activities:

Parent Permission

1. Medical treatment: I hereby authorize the staff or volunteers of the Church/Group to obtain medical treatment for my child in the event of an emergency. I release Church/Group, their employees, and volunteers from any claim of liability in connection therewith.

initial

2. Events/Activities: I grant permission for my child to attend off-site events, (whether traveling by bus, rental van, or carpool) activities and programs of Church/Group including FUSION Elevate from March 15-17, 2024. The activities may include, but are not limited to zip line, games, and trail walks.

initial

3. Publicity: I grant permission for my child's image, without name, to be published in promotional material and on social media of the Church/Group and FUSION Elevate/Wesley Center. I waive the right to royalties/compensation arising or related to the use of the images.

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I agree to hold harmless Church/Group and the Wesley Center, the staff, and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child while traveling to or from, and participating in the Church/Group and FUSION Elevate/Wesley Center activities March 15-17, 2024.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date