

MAYFAIR CHURCH OF CHRIST

Activity Permission and Release Form

Activity: Preschool Parent's Time Out
Date: July 27, 2010

Child: Name: _____ Age _____ Grade _____

Parent: Name: _____
Address: _____
Telephone: (H) _____ (W) _____ (EMERGENCY) _____

I, the undersigned, as Parent and with full authority, do hereby:

A. Permission: Give permission for my Child to participate in the Activity.

B. Release: Release The Mayfair Church of Christ, Inc. and its agents, elders, employees, members, ministers, officers, and trustees ("Mayfair") from and against any and all actions, causes of action, claims, damages, demands, injuries, liabilities and/or losses resulting from my Child's participation in the activity, and waive any claim for compensation for the same.

C. Allergies: Advise that my Child is allergic to the following foods/medications/substances:

D. Medications: Advise that my Child is taking the following medications for which Mayfair has no duty or responsibility to administer:

Drug: _____ Dosage: _____
Drug: _____ Dosage: _____

E. Child's Doctor: Name: _____ Telephone: _____

F. Medical Authorization and Responsibility: (i) Authorize an adult representative of Mayfair to request and sign for *emergency* medical services and treatment my Child may need as a result of participating in the Activity and (ii) assume responsibility for payment of all bills for all medical services and treatment for my Child.

G. Insurance: (i) Understand that Mayfair does not furnish any insurance for the Activity or any participants therein and (ii) advise that my Child is covered under the following health insurance plan:

Provider: _____ Contract No.: _____

Signature of Parent

Date