



grace christian child development center

**A Ministry of Grace Chapel Church
2605 Jefferson Davis Hwy.
Sanford, NC 27332**

PARTICIPATION & RELEASE AGREEMENT

I _____, parent of _____, do hereby consent that my child may participate in ministry activities. I give permission to allow my child to ride in ministry vehicles. I do hereby release and forever discharge all sponsors, employees, volunteers, officers and board members of Grace Chapel Ministries (DBA Grace Christian Child Development Center) from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in related activities. If medical care is needed, I understand that reasonable effort will be used to reach emergency contacts, but I give permission for emergency medical treatment to be given by certified personnel. I do understand that any financial obligations that are incurred for medical services will be my responsibility.

Allergies _____

Date of Last Tetanus Shot _____

Present Medications _____

Insurance: Policy Name _____

Plan # _____ ID# _____

Emergency Contact Name & Number

1. _____

2. _____

I, the undersigned, do hereby verify that the above information is correct.

*Parent's Signature or
Participant's Signature (if older than 19 years of age)*

Date

Signature(s) must be notarized.

Date _____

_____, Notary Public

Seal

County _____ State _____