

THIS PAGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Lifeline Learning and Volunteers Are Designated by The Abbreviation "LL" Throughout This Entire Form

I (we) hereby authorize LL to take my (our) child to a facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by LL Ministries. I (we) hereby authorize LL to include (our) child in supervised water activities.

I (we) hereby authorize LL and its acting leaders to teach and lead my (our) child in religious lessons and services, which may include prayer and Bible teaching.

I (we) do hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs where applicable only.

I (we) hereby release, forever discharge and agree to hold harmless LL and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with LL.

Furthermore, I (we), on behalf of my (our) child/participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant where applicable only.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by LL at its office. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address, or phone change in writing to the address listed at the beginning of this form.

*Preferred Hospital: _____

*Parent/Legal Guardian Signature: _____ Date: _____

Photo and Video Permission

I also allow photos or videos taken of my child at any event affiliated with LL, that this image of my child could possibly be used in publications, promotional materials and/or posted on the website of LL (www.lifelinelearningtx.org) for the sole purpose of information about events at Lifeline Learning.

*Parent/Legal Guardian Signature: _____ Date: _____

Notary Public Information

Name: _____ State of _____ County of _____

Sworn and subscribed before me on this _____ day of _____, 2021.

Notary Signature: _____

Notary applies to all pages of this form.

Approved Pick Up List

List of persons **Other Than Parents** approved to pick up your child:

	Name	Relationship	Phone Number(s)
1.	_____	_____	_____
2.	_____	_____	_____

List of persons **Who Cannot Have Contact** with your child:

1. _____
2. _____