

My child(ren) have my permission to participate in the said named event (below) under the supervision of Heartland Church. In case of a medical emergency, I understand that hospital policy requires parental permission prior to treatment. I hereby give my permission to a representative of Heartland Church to secure proper medical treatment (parents will be notified immediately). I hereby release Heartland Church from any liabilities related to supervised activities while my son/daughter is at the said named event.

Event Name: _____

Event Date: _____

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

Child Name: _____

I certify that I have provided current insurance information or attached an up-to-date Student Release Form with current insurance information.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____