

**CONSENT AND RELEASE FORM**

I the undersigned parent or guardian, hereby consent to my child,  
\_\_\_\_\_, participating in \_\_\_\_\_, an event  
sponsored by **Indian Grove Country Church** on \_\_\_\_\_, 20\_\_\_\_  
From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm. Cost of this trip is \$\_\_\_\_\_. I certify  
that my child is able to participate in these activities including

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If my child has medical conditions which may be relevant to a physician in the event of  
an emergency, I have listed them below. In the event an emergency occurs, I may be  
reached at the telephone number listed below. If I cannot be reached, I hereby authorize  
Paul Lamm (636-221-0527) (an adult sponsor) to make emergency medical  
decisions for my child. If there are any activities I do not want my child to be involved in,  
I have listed them below.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS  
WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING  
ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do hereby agree  
to hold **Indian Grove Country Church** and its agents and employees, harmless from  
any and all liability, actions, causes of actions, claims, expenses, and damages on account  
of injury to my child or property, even injury resulting in death, which I now have or  
which may arise in the future connection with the activity or participation in any other  
associated activities.

I expressly agree that this release, waiver and indemnity agreement is intended to be  
broad and inclusive as permitted by the law of the State of Illinois and that if any portion  
thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full  
legal force and effect. This release contains the entire agreement between the parties  
hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE  
AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY  
OWN FREE ACT.** This is a legally binding agreement which I have read and  
understand.

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**Parent or Guardian**

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**Date**

**MEDICAL CONDITIONS TO BE AWARE OF:**

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**TELEPHONE NUMBER WHERE I MAY BE REACHED IN AN EMERGENCY:**

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**I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:**

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