

LIABILITY RELEASE FORM

I, the undersigned parent or guardian of _____

_____ hereby gives permission for my child (ren) to participate with Heights Cumberland Presbyterian Church, Albuquerque, New Mexico, and its sponsors, the agents of Heights Cumberland Presbyterian Church, at the following activity:

**2017 HCPC Kids Summer Camp- CANDYMONIUM
June 5-9, 2017, 9am-12 noon @ Heights Cumberland Presbyterian Church**

I understand that all reasonable precautions will be taken to prevent injury or illness to my child. I further understand that certain types of physical activities present risks of injury to my child beyond the power of Heights Cumberland Presbyterian Church, or its agents, to control. Therefore, I release Heights Cumberland Presbyterian Church, and its agents, from any and all liability for damages due to injury to my child, except such injury as may be determined to have resulted from the negligence of Heights Cumberland Presbyterian Church, or its agents.

I realize, also, that there is the possibility that my child may become ill or be injured while attending the above activity and may require medical treatment. I have set out below all medical, psychological, dietary and allergy history, as well as, any considerations of which I am aware, which in any way may affect my child's welfare. I hereby give my permission for any such treatment to be rendered, and I agree to bear the cost of such treatment.

EMERGENCY CONTACT

Name _____ Phone _____

Relationship to child (ren) _____

Parent/ Guardian Signature _____ Date _____

MEDICAL, PSYCHOLOGICAL, DIETARY AND ALLERGY HISTORY, AS WELL AS, ANY CONSIDERATIONS OF MY CHILD THAT THE ACTIVITY LEADER SHOULD BE AWARE OF ARE LISTED ON THE MEDICAL RELEASE FORM.