



# Emerging Families in Engaged Learning and Discipleship (Emerging FIELD)

## 2017 Parent Permission Form and Waiver of Liability

***Our Mission: To create a more secure future for families in low-income and/or immigrant communities through educational and discipleship training.***

Parent/Legal Guardian: Complete one form for each child in Emerging FIELD's program(s).

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Health Needs/ Allergies \_\_\_\_\_

**I/We (Parent/Guardian) agree to the following with respect to Child's participation:**

**A.** Child and Parent/Guardian, as a condition of Child's participation in programs, hereby agree to indemnify, hold harmless, and waive all claims or suits for damages or injury arising from the Child participating in programs and liability against Emerging FIELD, its Board of Directors, officers, agents, employees, and volunteers, for injury, accident, illness, or death occurring during or by reason of program participation, and Parent/Guardian hereby waive any and all rights to hold the Emerging FIELD personally, individually, jointly or severally liable for any and all claims. Emerging FIELD does not pay for accidental injuries to participants.

**B.** Child and Parent/Guardian understand that all instruction is offered at no cost to families. However, some classes require purchase of books or supplies. Families who miss more than two classes in each session may lose their spots.

**C.** Child and Parent/Guardian understand that Emerging FIELD is a Christian organization; that its representatives may share resources, Bible verses, teachings, and prayers; and that all families, regardless of religious beliefs, are welcome to participate in Emerging FIELD programs.

**D.** Child and Parent/Guardian, without compensation, consent to and authorize the use and reproduction of any images taken of Child by Emerging FIELD for Emerging FIELD-related purposes and not for commercial gain.

**I have read, understand, and voluntarily agree to all provisions stated above. I give my permission for my child to participate in Emerging FIELD programs.**

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_