



EVENT RISK/LIABILITY RELEASE WAIVER

Christ's Commission Fellowship Los Angeles (CCFLA) strives to provide the best childcare experience for your children. We require that the parent(s) or legal guardian read and sign this document and return prior to their children attending childcare. Your signature will indicate that you understand and agree to the terms of the waiver.

I/We, the parent(s) agree to allow the following children to participate in CCFLA event:

CHILD'S NAME	AGE	COMMENTS: (allergies, etc.)

Please initial spaces below:

_____ I/we agree that my child will be under the immediate supervision of the childcare team. I/we will remain ultimately responsible for my child's behavior and conduct at all times. I/we agree that my child will conduct him or herself in a responsible manner and will follow the rules of conduct each leader covers with each group. I/we will remain onsite while the kids' activities are being conducted and will promptly pick up my child for a one-hour lunch break and at the end of the day's activities. I/we will also notify the team leader in advance if I/we need to leave the event for any reason.

_____ I/we acknowledge and agree that, in consideration for my child's participation in the childcare event, I hereby release, discharge, indemnify, and hold harmless CCFLA, and its affiliates, officers, employees, agents, and staff from all liability, claims or causes of action of any kind, known or unknown for any personal injury, death, medical expense, property damage or any other loss sustained by me or my child, arising out of or resulting from my child's participation in the camp or any activities thereof. I/we voluntarily and knowingly assume the risk of any such injury or loss arising out of or resulting from my child's participation in the childcare of any activities thereof.

I/we acknowledge and agree the CCFLA childcare does not provide any medical insurance coverage for my child or me, and that any medical expenses incurred on my child's behalf or on me will be the sole responsibility of my medical insurance carrier or me.

In the event that I cannot be reached, I authorize CCFLA and the childcare team/staff to request emergency medical treatment for my child from any physician, EMT, or other medical provider as may be deemed necessary.

PARENT SIGNATURE

DATE

EMERGENCY CONTACT

MOBILE PHONE