

Shiloh Community Center
Elementary Open Gym Pass
Summer 2008

Name: _____

Address: _____

City: _____ AZ Zip: _____

Home Phone #: _____ Birth Date: _____

School: _____ Grade Entering: _____

Physician's Name: _____ Phone: _____

In Case of Emergency, contact: _____

Phone #: _____ Cell Phone #: _____

Parent/Guardian Name: _____

Parent/Guardian Work Phone #: _____

Parent/Guardian Cell Phone #: _____

Parent Email Address: _____

I, the undersigned parent/guardian of the above applicant, have read and agree to the policies and procedures, dress code, and do hereby release and discharge Shiloh Community Church of Phoenix, Arizona, and its representative and staff from all liability of any kind, upon any claim or course of actions which might be asserted in behalf of said minor against said church, representative or staff. Furthermore, in the event of accident, if staff is unable to contact a parent/guardian, I hereby grant permission to said staff to administer necessary first aid and/or take the above applicant to the nearest hospital or medical facility for additional treatment. I consent to x-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care and assume the responsibility of all medical bills, if any. I understand the activity director will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold any activity personnel responsible if efforts to contact me are unsuccessful.

In consideration of participation in the programs of the Shiloh Community Center, I, the undersigned intended to be legally bound do hereby waive, release and forever discharge Shiloh Community Church, their officers, agents, employees, independent contractors, and all representative from all rights, demands, claims, causes of action, damages, or inquires which the above may have at any time or arising out of participation in the programs of the Shiloh Community Center. If in doubt as to the physical condition of the above listed student to engage in the programs at the Shiloh Community Center, we have been advised to seek the advice of a competent physician and to abide by his/her advice. I attest and verify, on behalf of the above listed student, that I have full knowledge of all risks and agree to assume the risks involved in the programs and am physically fit and sufficiently trained to participate.

I acknowledge that there is no medical coverage afforded to the above listed person in case of injury while at the Shiloh Community Center and/or participating at the Shiloh Community Center. I acknowledge that Shiloh Community Church and its representatives hold no liability for the above student while that student is not signed in to the Shiloh Community Center, including transportation to and from the Shiloh Community Center.

I give Shiloh Community Church, and its representative the irrevocable right to use the above listed student's name (or fictional name), picture, portrait, or photograph in all forms and median and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished versions, including written copy that may be created in connection therewith.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

AMOUNT PAID: _____

DATE: _____