



Springview Community Church

Parental Permission and Hold Harmless Agreement

Name of Child(ren) _____

Address _____

Phone _____

Email _____

Birth date(s) _____

I, as a parent or legal guardian of the minor child(ren) identified above, hereby give my permission for my child(ren) to attend Springview Community Church ("Church") for Awana for the 2025-2026 school year. This permission covers events and activities at the Church as well as events and activities that require or involve leaving the Church facilities during the stated time period.

I am fully aware of and acknowledge the potential risks of serious personal injury associated with these events and activities. I hereby elect to voluntarily participate, and authorize my child(ren) to participate, in said activities with full knowledge that said activities may be dangerous to me, my property and my child(ren). I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE AND PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me and/or my child(ren), and any loss or damage of property owned by me, as a result of being involved in such event or activity, whether caused by the negligence of Church or otherwise.

I, individually and/or on behalf of my minor child(ren), and on behalf of my and their heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Church, along its employees, officers, directors, board members, officials, agents, coaches, volunteers, other participants, and, if applicable, owners and lessors of premises and/or equipment used to conduct any event or activity, in connection with ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, regardless of whether the injury or loss arises is a result of negligence. I understand that all normal care, supervision and safety will be exercised on behalf of my child(ren) while in attendance.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE]

Parent/Guardian _____
Address (if different) _____
Phone _____

Emergency Contact _____
Emergency Phone _____
Relationship to child _____

Please list any health concerns we should be aware of:

Parent/Guardian Signature _____
Date _____