



NORTHSIDE CHRISTIAN FELLOWSHIP

PARENTS' NIGHT OUT MINISTRY

Family Last Name: _____

Name (1st Child): _____ Circle one: M F Age: _____ Date of Birth: _____

Name (2nd Child): _____ Circle one: M F Age: _____ Date of Birth: _____

Name (3rd Child): _____ Circle one: M F Age: _____ Date of Birth: _____

Name (4th Child): _____ Circle one: M F Age: _____ Date of Birth: _____

Email Address: _____

Main Phone: _____ Alternate Phone: _____

Parents Names: _____



Emergency contacts if parents cannot be reached:

Name/Relationship to child: _____ Phone: _____

Name/Relationship to child: _____ Phone: _____

Medical Release Form Consent

I, the undersigned parent, hereby consent to my child(ren) listed above to participate in activities at Northside Christian Fellowship during Parents' Night Out. In the event an emergency occurs, I may be reached at the telephone number given on this form. If I cannot be reached, I hereby authorize an adult ministry leader to make emergency medical decisions for my child.

I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Northside Christian Fellowship and its ministry leaders harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Idaho and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Medical Conditions of which to be aware: _____

Signature of Parent

Date Signed