



Ossian Nazarene Church

Parent or Legal Guardian Activity Consent Form

This form is recommended for use to obtain approval and consent for minors to participate in activities sponsored by Ossian Nazarene Church

Name _____
First Middle Initial Last

Address _____ City _____ Zip _____

Address 2 (If first address is a PO Box) _____

Birth Date (MM/DD/YYYY) ___/___/___ Age during activity _____ **Must be ages 9-16 to participate**

Has my permission to participate in Mighty Warriors Archery (Centershot Ministries)
From March 5, 2017 to April 9, 2017

Without Restrictions With special considerations or restrictions (describe) _____

EMERGENCY CONTACT PHONE NUMBER _____

Cost : \$25.00 which includes a shirt (T-Shirt Size _____) Registrations Due by February 28, 2018

Return this form by mail, or drop off at Ossian Nazarene Church, 302 N Metts St, Ossian, IN 46777

Hold Harmless Agreement:

I understand that participation n these activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Ossian Nazarene Church, the activity coordinators, all volunteers, related parties, and or other organizations associated with the activity from any and all claims of liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby given my permission to the medical provider selected by the adult leader in charge to secure proper medical treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

● By Signing this form, I also give permission to use pictures or videos of my child participating in this activity for advertisement purposes. Most likely we will post pictures on Facebook.

Participant's Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Direct Questions to:

Name: Bob Miller

Phone Number: 260-622-7449

Email: OCN.bobmiller@gmail.com