

LAKE SPOKANE COMMUNITY CHURCH

Medical/Permission and Release Form

I give permission for _____
to attend **Floating The Little Spokane 8/25/24. Leave Church at Noon and Back about 4:30pm. Bring lunch.**

Emergency contact _____ Phone _____

Allergies or medical conditions

My permission is granted for LAKE SPOKANE COMMUNITY CHURCH staff member or sponsor in charge of the event to obtain necessary medical attention in case of sickness or injury for _____ (Participant's Name).

I/We, the undersigned, do hereby release, and forever discharge all sponsors including but not limited to LAKE SPOKANE COMMUNITY CHURCH from any and all claims, demands, actions or cause of actions, past, present or future arising out of any damage, injury or illness including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility while participating in the event.

We further accept financial and physical responsibility for the return of a child, should the adult supervision find it necessary to send him/her/them home (as applicable).

Signature of Parent/Guardian: _____ Date: _____

Print _____