



Laser Tag @ Shadowland

When: Friday, April 24th
Time: 8 p.m. - 10:30 p.m.
Location: Shadowland, 9179 Red Branch Road Columbia, MD 21045
Transportation: FEET (We'll meet @ the church and then walk down as a group)
Cost: \$13

Emergency Contact Numbers: Nate Wigley: 410-227-6021
Bob Brightful: 443-326-0320

Event: Laser Tag Date: April 24, 2009

calvarycommunitychurch

C O L U M B I A

MEDICAL AND LIABILITY RELEASE STATEMENT

By signing below:

I understand that all reasonable safety precautions will be taken at all times by Calvary Community Church and its agents during the events and activities described on this form.

I understand that in the event that medical intervention is needed, every attempt will be made to contact the person(s) listed on this form. In the event I cannot be reached in an emergency during the activity dates/times shown on this form, I hereby give my permission to the physician(s) selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child (children) as deemed necessary.

I understand that my insurance coverage for my child (children) will be used as primary coverage in the event medical intervention is needed. Coverage by Calvary Community Church through its accident policy will be used as a back up for what my family's insurance does not cover.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk to my child (children). I agree not to hold Calvary Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child (children) while participating in this or any Calvary Community Church activity.

I agree to the above statement and give my child (children), _____ permission to attend the activity described above.
(PRINT CHILD'S NAME)

(Parent/Guardian Signature)

(Home Number)

(Cell Number)

(Parent's Email Address)