

G.I.F.T. Waiver and Release Form

(Family Last Name)

Please complete this form and mail to: G.I.F.T. Registrar, P.O. Box 1055 Elgin, IL 60121-1055.

Family Last Name: _____

Father's name: _____ Mother's name: _____

Address: _____ City: _____ Zip: _____

Students and all children you will bring to G.I.F.T.

<i>First and Last name</i>	<i>Date of Birth</i>	<i>M/F</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL RELEASE

I _____, the parent of _____ (names of all minors present) give permission for my child(ren) to be treated in case of an emergency. I do not hold G.I.F.T. or Church of the Brethren responsible for any injuries that may occur to my child(ren) while on the premises.

Signed: _____ Date: _____

Relationship: _____ Emergency Phone Number: _____

Child's Physician's Name: _____ Phone Number: _____

Effective date: June 2011 through May 2012.

Please list any physical conditions that may affect treatment (allergies, etc.):

INSURANCE WAIVER

I give my child(ren) permission to participate in this program or activity and hereby waive, release and forever discharge any and all claims or responsibility of G.I.F.T., the church or premises, employees, volunteers, officers, or agents for damages or injuries which may arise to my child(ren) and/or any child(ren) under my care.

Signed: _____ Date: _____

PHOTO RELEASE

In the course of GIFT operations, photographs or video images may be taken of GIFT classes or performances to be used on the GIFT website or in GIFT promotional material. I agree and release for my child's image to be used for this purpose without compensation.

Signed: _____ Date: _____

POLICY ACCEPTANCE

I have read, understand, and agree to follow all the policies found at www.gifthomeschool.org

Signed: _____ Date: _____