



CHURCH of the
Good Shepherd
 Love, Reach, Grow, Serve

**CHURCH OF THE GOOD SHEPHERD
 EVENT & TRANSPORTATION RELEASE**

5589 Holcomb Rd, Wayne, Ohio 43466

Office: 419-419-8352 | www.cgs.church

Parent/Guardian Name: _____

Address: _____

PO Box/Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell Phone#: _____

Email: _____

Name of Emergency Contact: _____ Phone#: _____

Please list the children in your household who have your permission to attend activities with Church of the Good Shepherd.

Child's Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc. _____

Child's Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc. _____

Child's Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc. _____

Child's Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc. _____

(over for permissions/release and signature)

EVENT & TRANSPORTATION RELEASE

I hereby give my permission for all the children listed to ride the vehicle provided by The Church of the Good Shepherd to participate in activities and go to CGS Events. I understand that my child(ren) will be under adult supervision at all times. I further understand that in signing this permission slip, I release and hold harmless CGS, it's trustees, officers, employees, and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. I understand photos may be used for promotions and I give CGS permission to use photos of my child for this purpose.

COVID-19 RELEASE & WAIVER OF CLAIMS

I hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19, or other communicable diseases, could occur while my child(ren) is in the care of Church of the Good Shepherd.

As such, and in consideration for care and services to be provided by Church of the Good Shepherd, the undersigned, for myself and my child(ren) fully assume all of the risks associated with participation in CGS Events, including the possibility of COVID-19 community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING CHURCH OF THE GOOD SHEPHERD AND ITS TRUSTEES, OFFICERS, EMPLOYEES, AND ANY VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING CHURCH OF THE GOOD SHEPHERD AND ITS TRUSTEES, OFFICERS, EMPLOYEES, AND ANY VOLUNTEERS FROM ANY CLAIMS.

I hereby grant my permission for the reasons above for a full year after the signed date.

Signature of Parent or Legal Guardian

Date