

CEF[®] CONSENT AND RELEASE FORM

I, the undersigned parent(s) or guardians(s), hereby consent to my teen, _____ participating in CEF summer ministries. I give my permission for my teen to be transported to and from this and any corresponding event by the CEF staff or volunteers.

If my teen has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by the CEF sponsors, I hereby authorize the sponsors to make emergency medical decisions for my teen. If there are any activities I do not want my teen to be involved in I have listed them below. I am aware of the religious nature of this event.

I understand and agree to assume all of the risks which may be encountered during these events and irrevocably and unconditionally release and discharge Child Evangelism Fellowship and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with the described activity or associated activities, including, but not limited to, any injury to my child.

I state that I have carefully read and understand the foregoing release and know the contents hereof and I sign this release as my own free act. I understand that this is a legally binding agreement.

Medical conditions to be aware of: _____

Physical restrictions: _____

Instructions and medications: _____

Date of last tetanus or booster: _____

I do not want my teen to participate in the following: _____

Phone numbers where I can be reached in an emergency: _____

(Parent/Guardian Signature)

(Month/Day/Year)