



Child Evangelism Fellowship® of Southern California, Inc.
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 South Santa Barbara County Chapter
 P.O. Box 30826
 Santa Barbara, CA 93130



5-Day Club
Release and Consent Form

_____ has my permission to attend the following 2017 5-Day Club(s).
Print full name of participant (First and Last Name)

_____ **Print** full name of Parent/Guardian _____ **Signature** of Parent/Guardian of Participant _____ **Date** (xx/xx/xxxx)

Liability Release and Consent for Treatment In the unlikely event that my child is injured while participating in activities at 5-Day Club® and other official CEF activities or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for CEF granting my child permission to participate at CEF activities, I hereby release Child Evangelism Fellowship of Southern California, its employees and volunteers from liability or injuries occurring in CEF activities.

In case of emergency, I hereby authorize CEF South Santa Barbara County Chapter to contact emergency personnel and release pertinent personal information so that my child may receive treatment.

Liability Release, Consent for release of information and for treatment (choose one) YES OR NO

List allergies, medical or other special conditions we should be aware of: _____

_____ Will your child be carrying an epi-pen? Yes OR No

In case of emergency (**when the parent/guardian cannot be reached**) contact:

Name: _____ **Phone:** _____ **Relationship** to child: _____

Model Release (Use of photographs) Pictures or video may be taken during the 5-Day Club for the use of promoting CEF activities. I **ALLOW** CEF to use photos of my child for promotional and advertising purpose:

Model Release (Choose one) YES OR NO

TRANSPORTATION Please be aware that there will be no transportation provided by the church or CEF for your child / ward to return home, and you therefore need to make arrangements for them to be picked up at 12:00 pm each day.

Will your child be walking home from the 5-Day Club? Yes OR No

People who have my permission to pick up my child(ren) when I am unable to:

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

I acknowledge that I have read and completed the above information:

_____ **Print** full name of Parent/Guardian _____ **Signature** of Parent/Guardian of Participant _____ **Date** (xx/xx/xxxx)