

Release of Liability and Consent to Medical Treatment

I/We, the undersigned _____, the parent(s) or legal guardians(s) of _____, hereby state that I/we consent to the above-referenced child's participation in activities with NorthRidge Church of Sabetha, Kansas, 316 Lincoln Street, Sabetha, Kansas. I am aware that my child will be participating in the NorthRidge church Youth Camp, July 6 through July 10, 2026.

Should emergency medical treatment be necessary, I _____ specifically authorize emergency treatment for my child in the staff's sole discretion during my child's participation in this activity.

I understand that participation in this activity carries with it a reasonable assumption of risk. I hereby, for myself, my heirs, administrators and assigns, release, remise and discharge NorthRidge Church of Sabetha, Kansas, its representatives, their respective employees, representatives, heirs, servants, agents, officials from all claims, demands, actions and causes of action of any sort, for injuries and damages arising from my child's participation in NorthRidge Church activities. I understand that participation in this activity carries with it a reasonable assumption of risk. I release, remise and discharge

This acknowledgement of risk, having been read thoroughly and understood completely is signed voluntarily as to its content and intent.

Date _____

_____ Signature of Parent or Legal Guardian