Bethany Church

1375 Hiller Road, Waterford, MI 48327 Office: 248 681 2130 office@bethanywaterford.org

EVENT

Segway Adventure at Hines Park Segway Rental July 31, 2016

Participant's Name: (first)_____(last)_____

Age: ____ Date of Birth (MM/DD/YY): ___/___/___ Grade Completed in 2016_____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Phone Number: (_____) _____--_____

Email Address: _____

I _____, grant permission for my child _____
(printed name of parent/guardian) (printed name of child)
to participate in this event at Bethany Church and all planned activities associated with the event. I understand that this event may be photographed and used for the purpose of future promotions of Bethany Church and its events. I take sole responsibility for my child's participation in this event and agree not to hold Bethany Church and any representatives associated with this event liable or responsible for injuries, incidences, and/or medical expenses that might arise during my child's participation in this event.

_____ _____
Signature of Parent/Legal Guardian Date

I will be remaining on-site for this event: _____ (Initial)

I will be leaving my child in the care of Bethany Church for this event: _____ (Initial)

Medical Matters: I hereby state that to the best of my knowledge my child is in good health to participate in this event. _____ (Initial)

Emergency Medical Treatment: In the event of an emergency, I understand that 911 will be called to transport my child to the nearest hospital or emergency medical or surgical treatment center and understand that I am responsible for all charges associated with this transport or treatment. _____ (Initial)

Emergency Contact: _____ Phone Number (____) _____--_____

Emergency Contact: _____ Phone Number (____) _____--_____

Family Doctor: _____ Phone Number (____) _____--_____

Family Health Plan Carrier: _____ Policy Number: _____