

**COLONIAL HEIGHTS ASSEMBLY OF GOD
5200 S. BROADWAY
WICHITA, KS 67216
316-524-3068
ACTIVITY WAIVER**

DESIGNATED ACTIVITY:

PARTICIPANT _____

ADDRESS _____

BIRTHDAY _____ PHONE # _____

PERSON TO CONTACT IN EMERGENCY _____

Telephone _____

I give my permission for my child to attend the above-designated activity. I also grant my permission for the leader of this activity to exercise authority in my behalf for treatment in case of a medical emergency.

I also hereby release Colonial Heights Assembly of God from any liability.

SIGNED _____

DATE _____

Please list any allergies, medications being taken, medical problems or other pertinent information.

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WICHITA, KS 67216
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ACTIVITY WAIVER**

DESIGNATED ACTIVITY: Royal Rangers/Men's Ministries - overnigher

PARTICIPANT _____

ADDRESS _____

BIRTHDAY _____ PHONE # _____

PERSON TO CONTACT IN EMERGENCY _____

Telephone _____

I give my permission for my child to attend the above-designated activity. I also grant my permission for the leader of this activity to exercise authority in my behalf for treatment in case of a medical emergency. *I understand that the above named person will leave from Colonial Heights Assembly at 4:45 p.m. on Friday, August 19 and should return to Colonial Heights at approximately 4:00 p.m. on Saturday, August 20, 2005.*

I also hereby release Colonial Heights Assembly of God from any liability.

SIGNED _____

DATE _____

Please list any allergies, medications being taken, medical problems or other pertinent information.

