

**RELEASE OF ALL CLAIMS
AND
CONSENT TO MEDICAL TREATMENT
PARENTAL PERMISSION**

AUSTIN KOREAN PRESBYTERIAN CHURCH
12311 Natures Bend Austin, TX 78753

Event: **2018 AKPC VACATION BIBLE SCHOOL**

Location: 12311 Natures Bend Austin, TX 78753

Dates: JUNE 18 - JUNE 22 Price: \$30 and \$25 for additional sibling

Check here to apply for financial aid

Personal Information

Student's Name: _____ Grade: _____ M F

Parent/Guardian's Name: _____ T-Shirt Size: _____

Do you have allergies to any medications? Y N

If yes, specify: _____

Do you have any health conditions we should know about? Y N

If yes, specify: _____

Emergency Contact Information

Home Phone: _____ Work Phone: _____

Alternate Contact's Name: _____

Relation to the Student: _____

Home Phone: _____ Work Phone: _____

Please read the following carefully:

I AGREE TO RELEASE the Austin Korean Presbyterian Church and its staff and volunteer workers from all liability for injury, death and property loss and damage that results from participation in the above named activity. I also AUTHORIZE the administration of first-aid in the case of an injury and transportation to a medical facility at my expense if deemed necessary.

Signature (Parent/Guardian if student is under 18)