

Westminster Presbyterian Church

**ACTIVITY RELEASE FORM**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent(s) (Legal Guardian): \_\_\_\_\_

Alternate person to contact in case of emergency: \_\_\_\_\_

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List any allergies / medical concerns: \_\_\_\_\_

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I understand that if I cause any problems during the duration of this activity that my parent(s) (legal guardian) will be contacted and I will be going home. I also understand that if I cause any damage to the church or its property, to the bowling alley or its property, and / or the YMCA or its property that my family will be financially responsible for these damages. If my family or I do not pay for these damages we realize that we will be prosecuted to the fullest extend of the law to pay for these damages.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_