

LOG CHURCH CHRISTIAN SCHOOL

209 S 4th St.
Brewster, WA 98812
www.lccsbrewster.org



ANNUAL Permission/Consent/Release

AUGUST 20, 2020 ~ JUNE 10, 2021

Student Name: _____ Teacher: _____

Date of Birth: ____/____/____

Email Addresses: _____

Providing email address and cell number grants permission for electronic communication from school to this young person in regards to school activities.

Permission for Field Trips: Yes No Please Initial: _____

I hereby give approval for the participation of my child in any and all affiliated school activities for the duration of the time listed above and I assume all risks and hazards incident to such participation, including transportation to and from such activities. I waive, release, absolve, indemnify, and agree to hold harmless the school at the Community Log Church, and all affiliated associations, ministers, organizers, supervisors, officers, or parents supervising or transporting participants to or from any activities from any claims arising out of injury to my child.

Permission for Emergency Medical Treatment: Yes No Please Initial: _____

I, _____ (Parent or Guardian's Name) hereby give permission for any and all medical attention to be administered to the above mentioned child in the event of accident, injury, or sickness etc., under the direction of the Log Church Christian School, until such a time as I may be contacted. If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician. This release is effective for the period of one school year from the date given above. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

Emergency Contacts:

Name _____ Telephone (s) _____ Relationship _____

Name _____ Telephone (s) _____ Relationship _____

Release of Liability: Yes No Please Initial: _____

I agree to release the Log Church Christian School, the Community Log Church, and all of their employees, teachers, pastors, PTO members, and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, field trip, or travel to and from any officially sanctioned event.

Release Form for Photographs: Yes No Please Initial: _____

- I release Log Church Christian School (LCCS) from an expectation of confidentiality for the aforementioned minor child and myself and attest that I am the parent or legal guardian of this child and that I have the authority to authorize LCCS to use photos of this child.
- I acknowledge that since participation in publications and/or websites produced by LCCS is voluntary, neither the minor child nor I will receive financial compensation.
- I further agree that participation in any publication and/or website produced by LCCS confers no rights of ownership whatsoever. I release LCCS and its officers from liability for any claims by me or any third party in connection with my participation.

YES - I hereby authorize Log Church Christian School (LCCS) to publish the photographs/videos taken of me and/or the aforementioned minor child, and our names, for use in LCCS printed publications or any LCCS social media websites (Facebook and LCCS website).

NO - I hereby DO NOT authorize Log Church Christian School (LCCS) to publish the photographs/videos taken of me and/or the aforementioned minor child, and our names, for use in LCCS printed publications or any LCCS social media websites (Facebook and school website).

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Student: _____ Date: _____