Pine Valley Community Church AWANA Permission Authorization

As parent/guardian of(child's name)	, I give him/her permission to participate in the activities of AWANA at Pine
•	ts representatives from any liability to or responsibility for bodily injury, damage
or illness to the above-identified child while participating	ng in any activity which may be directly or indirectly sponsored by the Church.
Further, I agree to indemnify and hold harmless the Ch	nurch, its officers and agents with respect to any claim asserted by or on behalf
of my child as a result of bodily injury, illness, or damage	ge.
Parent/Guardian Signature:	
Date:	
PHOTOGRAPHY	
Please select one of these options:	
☐ I give Pine Valley Community Church the permissio	on to photograph my child (named above) and use his/her picture for the
church's website, social media, slide shows or any other	er media format associated with Pine Valley Community Church.
☐ I <u>DO NOT</u> give Pine Valley Community Church the	permission to photograph my child (named above) and use his/her picture for
the church's website, social media, slide shows or any	other media format associated with Pine Valley Community Church.
Parent/Guardian Signature:	
Date:	