RELEASE

I, the undersigned, understand and acknowledge that participation in a class, day camp, or activity can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release Sandy Springs United Methodist Church, its agents, employees, officers, officials, and sponsors from all rights and claims for any personal injury, death, or property damage suffered by me, my child, or that I cause to others, as a result of my participation in this class, day camp, or activity.

Child's Name:	please fill out one form for each of your participating children
Parent or Legal Guardian Signature (required): _	
Date: / /	



86 Mount Vernon Hwy., NW Sandy Springs, Ga 30328

www.ssumc.org

404-255-1181