New Life Reformed Church
Sioux Center, Iowa
Liability Waiver / Insurance Form

I, _____, as parent/guardian of _____,
(Name) *(Name)*
wish to have _____ help tear-off shingles and re-shingle at 508 7th St, Sioux Center, IA on August 20-21, 2010 with New Life Reformed Church as a fundraiser for Rocky Mountain High. I understand that participation in this event by my child is completely voluntary. I fully understand that it is my responsibility to provide insurance for my son/daughter and that New Life Reformed Church is not providing insurance and cannot be held liable for any accident or injury that occurs while my son/daughter is participating in this church sponsored event.

I hereby grant permission to take my son/daughter to a doctor or hospital for medical treatment and I also authorize medical and hospital personnel to administer medical care and treatment, including emergency surgery if deemed necessary. I also agree to assume responsibility for all medical bills resulting from these services.

_____ _____
Signature of Parent / Guardian *Date*