



What: Corn Maze

Where: 251 High St, Newton, NJ 07860 | www.lentinifarm.com

When: Friday, October 20, 2017, 6:30pm – 9:30pm

meet at the church at 6:30pm; pick-up at the church at 9:30pm

Cost: \$12 for the maze + extra spending money for the food court

also bring a flashlight and weather-appropriate clothing

PARENTAL CONSENT: The undersigned does hereby give permission for my child, _____ (child’s name)(“Participant”), to attend and participate in the **Corn Maze activity on Friday, October 20, 2017.**

LIABILITY RELEASE: I, the undersigned, do hereby release, forever discharge and agree to hold harmless Grace Church, its pastors, directors, employees, volunteers and teachers (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency treatment, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Participant, pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Grace Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Parent Signature: _____ Date: _____

Printed Name: _____

Phone #: (____) _____ Cell #: (____) _____

Address: _____