

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

General Information

Name: _____ Age _____

Name of Parents: _____

Address _____

Contact Information: Home Phone: _____ Cell Phone: _____

Emergency Contact(s) other than parent:

Name: _____ Phone # _____

Necessary Medical Information

Allergies _____

Relevant Medical History _____

Activity Restrictions No Yes If yes, please explain _____

Medical Release: In the event that parents or guardians cannot be reached I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery as deemed necessary.

AUTHORIZATION AND RELEASE OF LIABILITY: I acknowledge that participation involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activities of this ministry, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from any activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

The **parents or guardians** understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent of Guardian Signature: _____ Date _____

The **adult participant** understand that their signature is for both a medical and liability release.

Adult Participant Signature: _____ Date _____