

# Annual Liability and Medical Release

**Student Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

In consideration of being accepted by Faith Community Church for participation in activities the named student above does release and agree to hold harmless Faith Community Church, their officers, volunteers, and employees claim or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is participating in church sanctioned activities.

We, on the behalf of our child-participant, assume all risk of personal injury, damage and expense as the result of participation.

We, as parents/legal guardians of the child-participant, give permission to him/her to participate fully. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached , the minister or trip leader may choose a reputable physician.

Emergency Contact information:

Parent/Legal Guardian name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Known allergies: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician/Phone Number: \_\_\_\_\_

**(X) Signature of parent/legal guardian:** \_\_\_\_\_

Date (this form is valid for 365 days): \_\_\_\_\_