



Medical Release

As a parent/legal guardian of _____ (“the participant”), my signature indicates that:

1. I give permission for the participant to participate in all the activities associated with the event.
2. I understand that all reasonable safety precautions will be taken at all times during the event. In the case of an emergency, and neither the secondary contact nor myself can be reached, I authorize any treatment by a hospital and/or physician deemed necessary for the participant, as provided on the registration form. I understand the possibility of unforeseen hazards and know the inherent possibility of risk during the event.
3. I have, and do hereby, release Grace Community Bible Church, its employees, elders, deacons, agents, and supervising adults from liability resulting from or in any manner arising out of an injury or damage which may be sustained on account of the participant’s participation in this event.

Parent/Guardian Name *(Please Print)*: _____

Child/Participant’s Name *(Please Print)*: _____

Child’s Date of Birth: _____

Parent’s Cell Phone: _____

Home Phone: _____

Address/ City/ Zip: _____

Emergency Contact’s Name & Relationship to Participant: _____

Emergency Contact’s Phone Number: _____

Allergies/Medical Concerns the participant may have: _____

Parent/Guardian Signature: _____

Date: _____