



MEDICAL LIABILITY RELEASE FORM

I / We are the parent(s) or legal guardian(s) of the minor(s) listed below:

Childs First Name: _____ MI: _____ Last: _____

Childs First Name: _____ MI: _____ Last: _____

Childs First Name: _____ MI: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

Parent Cell: (_____) _____ Parent E-Mail: _____

Parent / Guardian name to contact in an Emergency:

Name _____ Relationship to Child _____

Mobile Phone:(_____) _____ Work Phone: (_____) _____

Which is best to contact you? M W

Person(s) to be reached if parent / guardian cannot be contacted:

Name: _____ Phone: (_____) _____ Relationship: _____

Name: _____ Phone: (_____) _____ Relationship: _____

RELEASE OF LIABILITY

I / We, the undersigned parent(s)/legal guardian(s) of the above minor(s), do hereby release and agree to hold harmless Christ Church and any related member, employee, sponsor or agent from any liability, injury, damages, loss, accidents, delay, or irregularity related to the listed minor's planned participation in every Christ Church event during June 2018. This release covers all rights and actions of every kind, nature, and description, which the minor and his/her parent(s)/ legal guardian(s) ever had, now has, or but for the release, may have.

Signature: _____

Date: _____



MEDICAL LIABILITY RELEASE FORM

AUTHORIZATION FOR EMERGENCY MEDICAL CARE TO A MINOR:

I / We the undersigned parent(s) or legal guardian(s) of the minor(s) listed below:

First: _____ MI: _____ Last: _____

First: _____ MI: _____ Last: _____

First: _____ MI: _____ Last: _____

do hereby authorize any necessary examination, anesthetic, dental or surgical diagnosis or treatment by a duly licensed physician or dentist, or at a state-licensed hospital.

Signature: _____ Date: _____

Please list any allergies: _____

Please list any medications and information regarding prescriptions:

Please list any health concerns we should be aware of:

*Medical Insurance Company: _____ Policy #: _____

Contact Person: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

***Please attach copy of insurance card**

VIDEO AND PHOTOGRAPHY RELEASE

By signing this release form, I, give permission for my child(ren) to be photographed and/or videotaped for promotional use only. I hereby give permission for images of my child, captured during Christ Church events and activities through video, photo and digital camera, to be used solely for the purposes of Christ Church promotional material and publications, and waive any rights of compensation or ownership thereto. Examples of use include but are not limited to the Christ Church website, e-mail newsletters, Christ Church Instagram and Facebook pages. Pictures are published without last names.