



Event Medical & Liability Release

NAME _____
HOME PHONE (_____) _____ CHILD/TEEN CELL: (_____) _____
PARENT'S CELL: (_____) _____ (_____) _____
MAILING ADDRESS _____
CITY, STATE, & ZIP _____

DOES YOUR CHILD/TEEN HAVE ANY MEDICAL CONDITIONS?

PRIMARY PHYSICIAN: _____ PHONE: (_____) _____

EMERGENCY CONTACT ON DAY OF TRIP*

NAME _____ RELATIONSHIP _____
DAYTIME PHONE: (_____) _____ EVENING PHONE: (_____) _____

LIABILITY RELEASE & MEDICAL AUTHORIZATION:

I, _____ the undersigned, give my permission for my son/daughter,
_____, to attend Harvest Church event/trip to
Event: _____ Date: _____

It is understood that reasonable caution will be taken by those persons in charge to prevent accidents & injuries. In consideration of my child's being permitted to participate in this event, I, personally and on behalf of my child, hereby release Harvest Church, its employees, volunteers, chaperones, board of directors, & members from any liability for injuries or damages arising or resulting from participation in this event and/or transportation to and there from.

In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I understand that Harvest Church will not be held liable if my child fails to cooperate with stated regulations and that any infractions of the rules may result in immediate dismissal from participation at said event. I will be responsible for any cost or other requirements for immediate transportation home.

Signature of Parent or Legal Guardian

Date

Witness

Date