

# Liabiity and Medical Releae form 2023

Effective January 1, 2023-December 31, 2023

Please Print in ink

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT(S)/GUARDIAN NAME(S) \_\_\_\_\_

WORK/CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

**LIABILITY RELEASE:** In conserdation of Greeley First Church of the Nazarene allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Greeley Frst Church of the Nazarene, its pastors, direcors, employees, volunteers and agents (collectively herein the "Church") from any and all liability,claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature, whatsoever which may be incurred by the undersigned and the Participant while involved in the chidren/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth/children ministryactivities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minr Participant(s)] I hereby assume all risk of accidental and personal injury, sickness, death, damage and exense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transortaion (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adut, in whose care the minor has been entrusted, to consent any emergency, x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practtice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization

*(To be completed in the presence of a Notary Public)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notarization: On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year) (Name of Parent/Guardian)

Personally appeared before me in \_\_\_\_\_ County, in the state of \_\_\_\_\_ and, in my Presence, signed this liability and medical release form.

Name of Notary Official: \_\_\_\_\_

Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**MEDICAL HISTORY AND CONTACT INFORMATION**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of last Tetanus shot:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medical Conditions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:**

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Primary Physician:** \_\_\_\_\_

**Primary Physician's Phone Number:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_