

Liability and Medical Release Form 2020-2021

Effective September 1, 2020 -- August 30, 2021

Please print in ink

PARTICIPANT'S NAME _____ AGE _____ GRADE _____

ADDRESS _____

HOME PHONE _____

PARENT(S)/GUARDIAN NAME(S) _____

_____ / _____

WORK/CELL PHONE(S) _____ / _____

LIABILITY RELEASE: In consideration 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 First Church of the Nazarene, its pastors, directors, 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 children/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 ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental and personal injury, sickness, death, damage and expense 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 transportation (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 adult, in whose care the minor has been entrusted, to consent to 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 Practice 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: _____