



2017/2018



MEDICAL AND LIABILITY RELEASE FORM

DEARING CHRISTIAN CHURCH

NAME: _____ Age: _____ Grade: _____ Shirt Size: _____

DATE OF BIRTH: _____

PHONE: _____

ADDRESS: _____

IN CASE OF EMERGENCY, NOTIFY: _____

PHONE: _____

DOCTOR: _____

PHONE: _____

Do you have health insurance? Yes or No

Name of Provider: _____

Address: _____

Policy Number: _____

“The undersigned, in consideration of participation of this program, agrees to indemnify hold harmless and release the Dearing Christian Church, it’s members, employees, and associated personnel, whether paid or volunteer against all claims demands and causes of action related to injury, disability, death, or any other loss or harm to person or property resulting from my child’s participation in this program arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I have read the agreement and fully understand that I assume all risk for injuries.

Dearing Christian can use pictures/video of my student for promotion and reflecting back on events.

Statement of Release

“In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for the person named above, as deemed necessary. I also agree to accept full financial responsibility for the cost of such treatments.”

Parent or Guardian’s signature: _____