

2009

Medical Release Form & Liability Waiver

I, _____ (parent/legal guardian), hereby give my permission for _____ (participant's name) to participate in all activities sponsored by the Northeast Church of Christ from January 1, 2009 through January 1, 2010. In the event of an emergency, I give my permission for _____ to be treated by an accredited physician in a professional office, medical clinic or hospital. I therefore designate Kyle Mott or any other adult appointed by Kyle Mott as a chaperone for youth activities of the Northeast Church of Christ to act on my behalf in signing the necessary forms to order appropriate treatment for my child. I further release from all liability the Northeast Church of Christ – its leadership, ministers, chaperones and members – in the event of any accident incurred enroute, during or returning from any activity sponsored by the Northeast Church of Christ.

(signature of parent/legal guardian & date)

(family medical insurance co. & policy number)

(emergency telephone numbers)

(list all medical allergies)