

# **2010**

## ***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, 2010 through January 1, 2011. 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.

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(signature of parent/legal guardian & date)

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(family medical insurance co. & policy number)

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(emergency telephone numbers)

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(list all medical allergies)