

NIAGARA ALLIANCE CHURCH
Event Participation Medical and Liability Release

Dear Parent/Guardian,

In order for your child to attend and participate in the below listed event, please complete and return this form no later than: _____

Event: _____

Location: _____

Date: _____ Time: _____

Participation and Medical Release Information:

I give permission for, _____ to participate in this event.
(Please Print)

Parent/Guardian: _____
(Please Print)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If parent/guardian cannot be reached please try to contact:

Name: _____ Phone: _____ Relationship: _____
(Please Print)

Name of Health Insurance Provider: _____ Policy/Group # _____

Does your child have any known allergies or other medical conditions which the leaders should be aware of?

No Yes If yes, please list below (use back of page if necessary).

Please read carefully before signing:

Knowing that the leaders of this event will exercise normal levels of care and caution in regards to safety, I understand that accidents do occur and that in such situations immediate steps may need to be taken to secure my child's health. As such, I hereby authorize the leaders of this event to seek medical attention for my child should a medical emergency arise, provided that attempts are made to contact me as soon as possible. Failure to be able to contact me shall not prevent any application of immediate medical treatment deemed necessary by medical professionals.

I further agree that I will not hold Niagara Alliance Church liable in the event of an accident occurring of which they have not been negligent or irresponsible.

Signed: _____ Date: _____
(Must be the signature of the Parent/Guardian listed above)