



Activity, Medical Release & Liability Waiver

Participant Information

First Name _____ Last Name _____ Middle Initial _____

Parent's Phone # _____ Student Cell Phone # _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade _____ Email _____

Insurance Information

Name of health insurance company _____

Policy # _____ Policy Holder's Name _____

Family Doctor _____ Doctor's Phone# _____

Year of last tetanus shot _____

Emergency Contact Name _____ Relationship _____

Home Phone # _____ Work Phone# _____ Cell Phone # _____

Medical Information

Please list any ailments or difficulties you may have experienced such as allergies, asthma, medications, seizures, heart disease, or illness of which an EMT should be aware.

I, the undersigned, certify that I am the parent or legal guardian of _____, I hereby give my consent to have my minor child participate, or I will be participating in the following activity of **Wentzville Christian Church**

_____ on the **date** _____. I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death of the participant of this activity.

To the fullest extent permitted by law, I release **Wentzville Christian Church**, its trustees, employees, elders, and affiliates from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **Wentzville Christian Church**, its trus-tees, employees, elder, and affiliates from any claim arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

Signature _____ Date _____

Printed Name _____