

El Shaddai Assembly of God
585 Rose Inn Avenue
Permission and Liability Release Form
Nazareth, PA 18064 Phone: (610) 759-6557

Name of Participant: _____ **Male / Female** (please circle)
Parent(s)/Guardian(s) Name(s): _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____
Work phone: _____
Emergency contact (if parent/guardian cannot be reached) name: _____
Emergency contact phone: _____

INSURANCE INFORMATION

Family Health Insurance Co. _____
Policy #: _____ **Group:** _____
Service Code: _____
Family Physician or Clinic: _____
Allergies: _____
Medications currently taken by participant: _____
Medical conditions (i.e. asthma, etc.) _____

PARENTAL RELEASE

I/we shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Finally, in consideration for my (our) child(ren)'s participation in this event, I (we) release, discharge and agree to hold harmless El Shaddai Assembly of God, it's staff and volunteers from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or my (our) child while my (our) child is participating in church related activities (including transportation to and from events), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation. I (we) have fully read this form and sign voluntarily with knowledge of its terms and conditions.

In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event that I cannot be reached, I give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter as named herein. I give permission for the release of medical records to an attending physician in case of injury or illness.

Parent(s) Guardian Signature _____ **Today's Date:** _____
Please Print Name(s) _____