

**Maiden Lane Church of God
Youth Medical Release and Liability Form**

Name of Participant							
Name of Legal Guardians							
Participant's Address		City		State		Zip	
Home Phone	()	Work/Cell Phone	()				
		Student's Cell Phone	()				
Age of Youth		Birthday (Mo/Day/Yr)	/ /	Grade			
School							
Parent Email							
Student Email							

Functions and Activities

I understand that participating in programs, recreation and other activities of Maiden Lane Church of God is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury, due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

***Signature of Parent or Legal Guardian** _____ **Date** _____

***Print Name of Parent or Legal Guardian** _____

***Signature of Student (18 yrs or older)** _____ **Date** _____

First Aid and Emergency Medical Treatment

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, (name of child) to attend and participate in activities sponsored by **Maiden Lane Church of God, Springfield, Ohio.**

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical, and/or dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical, behavioral or other reasons, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **Maiden Lane Church of God, Springfield, Ohio.**

*** Participant (if 18yrs of age or older)** _____ Date _____

***Parent/Guardian** _____ Date _____

Insurance Information:

InsuranceCompany _____ Employer _____

Policy Number _____

Emergency Contacts

Medical Doctor		Phone Number	()
If parent cannot be reached:			
Name		Relation	
Home Phone	()	Work/Cell Phone	()
Name		Relation	
Home Phone	()	Work/Cell Phone	()

Medical History

(Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

Other Information that leaders should know about the child or adult participant:

Youth: Along with the leaders and other youth, I agree to conduct myself in a Respectful manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I understand that participation in church activities depends on my support of this agreement. By signing this covenant, I understand that action will be taken and I am subject to be sent home if my behavior proves to be other than what is listed above. I covenant to strive to make each activity the best it can be! I also understand that pictures may be taken during this time and I give permission for Maiden Lane Staff to use them as they see fit.

***Student Signature** _____ Date _____

For use if the Participant is a Minor

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this church, including any special events/activities described above. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he or she is subject to being sent home, at parent's expense. . I also understand that pictures may be taken of my child and I give permission for Maiden Lane Staff to use them as they see fit.

***Parent Signature** _____ Date _____

***Student Signature (if 18 years or older)** _____ Date _____

This Liability and Release Form expires one year from the date of signature.