



Last Name: \_\_\_\_\_

# Medical Release/Permission Form

## Shadow Hills Church

### Participant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Event Name: The Gathering Conference

Ministry Involved: Children's Ministry

Start Date: May 4, 2016

End Date: May 6, 2016

### Parent/Guardian Information (If Applicable)

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact Information

Same as Parent/Guardian Information? Yes / No

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Medical Information

Policy # \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Contact Number: \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Medical Information Continued**

**Last Tetanus Shot:**

**Medical Limitations:**

**Allergies:**

**Medications:**

**Other Comments/Concerns:**

I hereby authorize the staff of the Legacy Team to sponsor and transport the above named child/participant to and give my permission for him/her to participate in all activities related to The Gathering Conference. If there are any activities I do not want myself or my child to be involved in, I have listed them in this form.

For guardians of minor participants, I give permission to have my child treated in case of medical emergency. In the event of an emergency occurs, I may be reached at the telephone number listed in this form. If I cannot be reached, I hereby authorize Amy Baldwin (an adult sponsor) to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

I do hereby agree to hold Shadow Hills Church and its agents and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages on account of injury to myself or my child or property, which I or my child now have or which may arise in the future in connection with myself or my child's participation in the activity or in any other associated activities.

I agree to defend, indemnify and hold harmless Shadow Hills Church and its agents and employees from and against all claims, damages, liability, costs and expenses (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or incurred on behalf of or in relation to myself or my child and the above named event.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Nevada and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

**Participant Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Notary required for any out of state events**

State of **Nevada**

County of **Clark**

This instrument was acknowledged before be on the ..... day of ..... 20.....

by .....

(Name of Participant)

\_\_\_\_\_  
(Signature of Notary)