



Last Name: _____

Medical Release/Permission Form

Shadow Hills Church

Participant Information

Name: _____

Date of Birth: ____ / ____ / ____ Grade: _____ Gender: _____

Address: _____

Phone Number: (____) ____ - ____

Email Address: _____

Event Name: _____

Ministry Involved: _____

Start Date: _____ End Date: _____

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 _____ to sponsor and transport the above named child/participant to and give my permission for him/her to participate in all activities related to _____. 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 _____ (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 me on the day of 20.....

by

(Name of Participant)

(Signature of Notary)