

# 2016

## MEDICAL RELEASE FORM & LIABILITY WAIVER

I, \_\_\_\_\_ (parent/legal guardian), give my permission for \_\_\_\_\_ (minor child participant) to participate in all activities sponsored by the St. Clairsville Church of Christ from Jan. 1, 2016, through Dec. 31, 2016. In the event of an emergency, I give my permission for \_\_\_\_\_ to be treated by an accredited physician or other medical professional in a professional office, medical clinic, or hospital. I therefore designate any member acting as chaperone for youth activities of the St. Clairsville Church of Christ to act on my behalf in signing the necessary forms to authorize emergency medical treatment for my child. Furthermore, I release from all liability the St. Clairsville Church of Christ—its leadership, ministers, interns, chaperones, and members—in the event of any accident incurred en route, during, or returning from any activity, youth event, or other function or trip sponsored by the St. Clairsville Church of Christ or in which the St. Clairsville Church of Christ organizes a group to participate.

\_\_\_\_\_  
(date and parent/legal guardian signature)

\_\_\_\_\_  
(family medical insurance company and policy number)

\_\_\_\_\_  
(emergency telephone numbers--include home & other relative/neighbor)

\_\_\_\_\_  
(List all medical allergies)