

Legacy Church/Revolution Youth Liability & Medical Release Form

Make a copy for yourself and turn in original to church

Event _____

Participant Name _____ Male Female Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

Participant Email _____ Home Phone _____

Health Insurance Company _____ Policy Number _____

Parents/Legal Guardians Name _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone _____ Email _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

My child: (check applicable boxes)

- has no existing medical conditions that would endanger him/her from participating.
- has a medical condition that is being treated and poses no danger to his/her participation.
- is taking prescribed medication(s)

 other:

By signing below, the parent/guardian gives consent to the said child to participate in a church sponsored activity. The undersigned agrees to hold harmless (which means to not assign blame or legal responsibility) Legacy Church, its officials and those workers assisting in the activity from any and all harm that may be sustained as a result of or during the activity, including transportation to and from the activity. Parent further agrees to resolve any dispute arising from any harm where the matter is, by mutual consent, deemed not covered by this consent or over the consent itself, by submission to binding arbitration.

I also authorize the leader or sponsor of the event, or any Legacy Church staff member to take the participant to a doctor or hospital and I hereby authorize medical treatment, including by not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this Legacy Church event. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent, willful or intentional acts of the participant, including damages to the event facility.

Date _____

Name of the Parent/Legal Guardian _____

Signature of the Parent/Legal Guardian _____