Event: ***All Events***
January 2012 - December 2012

New Life Assembly of God
2005 8th Ave S
Escanaba, Mi 49829
Phone: (906) 786-3858
www.newlifeescanaba.org
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MEDICAL AND LIABILITY RELEASE FORM

NAME: _____ AGE: _____ BIRTHDAY:_____
first Middle Last

ADDRESS: _____ PHONE: _____ GRADE: _____

CITY: _____ STATE:_____ ZIP: _____

FATHER_____ ADDRESS: _____ PHONE: _____

MOTHER: _____ ADDRESS: _____ PHONE: _____

IN EMERGENCY, NOTIFY: _____ *PHONE:* _____

HEALTH HISTORY *(PLEASE EXPLAIN ANY CONDITION WE SHOULD BE AWARE OF)*:

Allergies *(insect stings, drugs, food, etc..)* _____

Normal treatment of allergic reaction: _____

Detail and explain any other conditions *(heart condition, diabetes, asthma, epilepsy, etc...)*_____
_____

Medication(s) Currently Taking: _____ Blood Type: _____

INSURANCE INFORMATION FOR EMERGENCIES

Your Insurance Company: _____ Policy Number: _____

CONTACT: _____ PHONE: _____

DOCTOR: _____ PHONE: _____

LIABILITY AND MEDICAL RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, you agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities. You also agree that you will not hold Escanaba New Life Assembly of God or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form. You understand that this form and your signature are for both medical and liability release.

MINOR LIABILITY RELEASE (Required for those 17 & under)

I give permission for my child,_____, to participate in all activities as part of the ministry of Escanaba New Life Assembly of God. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in E.N.L.A.G. activities including transportation to and from any location in connection with E.N.L.A.G events. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release E.N.L.A.G from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing loco parentis to my child.

It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

Parent/Legal Guardian Signature (**Required for those 17 & under**): _____ Date: _____

Participant s Signature (**Required for those over 18**): _____Date: _____