

MAPLE VALLEY PRESBYTERIAN CHURCH
ADULT ACTIVITY PERMIT AND RELEASE

_____ agrees to participate at _____ during _____
(name of participant) (name of activity) (date(s) of activity)

and any extension thereof, sponsored by the Maple Valley Presbyterian Church.

INFORMATION: Birthdate _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Cell Number (_____) _____

Work Number (_____) _____ Email address _____

MEDICAL RELEASE

The undersigned affirms that the above named minor has no health problem which would preclude his/her participation in said activity.

In addition, for the unforeseen possibility that my child would get injured or sick and need medical attention, I request that I first try to be contacted and if I cannot be reached that medical attention be given to my child. Prompt attention to my child's injuries or sickness is greatly appreciated.

List any medications taken by participant _____

List any known allergies to medication and other things _____

NAME OF HEALTH INSURANCE FIRM _____

POLICY / SUBSCRIBER NAME & NUMBERS _____

GROUP NUMBER _____

PHONE NUMBER/BILLING ADDRESS _____

Further, the undersigned expressly agrees to hold harmless Maple Valley Presbyterian Church; its employees and agents, for any injury to the minor or damage to his/her or any personal property which may be incurred by or as a result of said participation.

Lastly, the undersigned gives permission for any appropriate pictures taken of the above named minor to be used in any publications, advertisements, etc. to promote Maple Valley Presbyterian Church.

NAME _____ **Date** _____
(printed) (signature)

List alternative persons, with relationship and phone numbers, to contact in case of emergency.

- 1.
- 2.
- 3.