



# Release Form For Children's / Youth Events

PLEASE COMPLETE ALL FOUR SECTIONS OF THIS FORM

## EVENT

Event Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event Location: *On the Church property, including the outdoor grounds, inside all buildings of the church, to and from the church, on filed trips, in the church vans, and any other area or location that will be necessary to carry out the event your child is participating in, while registered. This will also include all private residence's and private vehicles used for church sponsored activities and events; whether on church owned property or not.*

## REGISTRATION

Participant's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female

Participant's Birthday \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_

Mothers Name \_\_\_\_\_ Best Phone \_\_\_\_\_ Email \_\_\_\_\_

Fathers Name \_\_\_\_\_ Best Phone \_\_\_\_\_ Email \_\_\_\_\_

## MEDICAL RELEASE

Emergency Information:

Is the participant covered by insurance?  Yes  No

If yes, name of company \_\_\_\_\_

Policy Number \_\_\_\_\_

Does participant have any allergies or other medical conditions? If yes, please list (use back if necessary)

In case of emergency, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I hereby authorize Church Alive and it's representatives to seek medical attention for my child or ward should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery.

Signature of Parent or Guardian / Caregiver \_\_\_\_\_ Date \_\_\_\_\_

## AGREEMENT AND RELEASE OF LIABILITY

I certify that the information on this Registration Form, as entered by me, is truthful.

I, on behalf of myself, my heirs, assignees, and personal representatives, hereby release and forever discharge Church Alive Waco, Inc. (DBA Church Alive) its employees, agents, members, sponsors, promoters, and affiliates from any and all liability, claim, loss, cost, or expense, and waive and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any negligence, action, or omission to act of any such person or organization or execution of this event, including travel to and from such event, in which my child or ward may participate.

I, as a parent or guardian of the above applicant, represent to Church Alive that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the above named event, sanctioned by Church Alive and further, in consideration of granting permission, agree individually and on behalf of my child or ward, to the terms of the above agreement and release of liability.

Signature of Parent or Guardian / Caregiver \_\_\_\_\_ Date \_\_\_\_\_

|                              |         |
|------------------------------|---------|
| Office Use                   |         |
| Pd : _____                   | Ck / Ch |
| First time visitor: (Y OR N) |         |
| Entered: _____               |         |