

**NAMPA FIRST CHURCH OF THE NAZARENE  
MEDICAL RELEASE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male/Female Birth date: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Allergies: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

*We, the undersigned parents/guardians of the above-names participant, grant permission for the participant to participate in sponsoring activities by Nampa First Church of the Nazarene.*

*We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.*

*We understand that the activity does present the risk of injury, or even death to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees and representatives harmless from any liability for injury or death to the participant while engaged in this activity which is caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury or death to the participant.*

*We also hold you, your agents, employees and representatives harmless from any and all liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees and representatives against any claim or liability arising as a result of such conduct.*

*If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical, hospitalization, and/or surgical treatment as you may deem advisable by a licensed physician for the health and well being of the participant.*

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Parents/Guardian Signature

Date

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Participant's Signature

Date

*This authorization shall remain effective unless  
revoked in writing by the parent or guardian.*