



MEDICAL RELEASE
(Valid for events from June 01, 2019 to June 01, 2020)

As a parent/legal guardian of _____ (“the participant”), my signature indicates that:

1. I give permission for the participant to participate in all the activities associated with the event.
2. I understand that all reasonable safety precautions will be taken at all times during the event. In the case of an emergency and neither the secondary contact nor myself can be reached, I authorize any treatment by a hospital and/or physician deemed necessary for the participant as provided on the registration form. I understand the possibility of unforeseen hazards and know the inherent possibility of risk during the event.
3. I have, and do hereby, release Grace Community Bible Church, its employees, elders, deacons, agents and supervising adults from liability resulting from or in any manner arising out of any injury or damage which may be sustained on account of the participant’s participation in this event.

Parent/Guardian Name (Please Print): _____

Child / Participant’s Name (Please Print): _____

Parent’s Cell Phone: _____ Home Phone: _____

Address / City / Zip: _____

Emergency contact’s name and number: _____

_____ Relationship to Participant: _____

Allergies and / or medical conditions the participant may have _____

Parent/Guardian Signature **X** _____ Date: _____

PHOTO RELEASE

I give Grace Community Bible Church permission to publish in print, electronic, or video format the likeness or image of my child. This photo release expires two years from the date of signature.

Name of Child (Participant): _____

Parent/Guardian Signature **X** _____ Date: _____