

Liability Release Form

2015-2016



I/We _____ (Name of Parent/Guardian) give permission to my son/daughter, _____ (participant's name) to participate in the activities and events of the Middle School Ministry of North Cleveland Church of God for the 2015-2016 school year. I/We further authorize the Middle School Ministry Team to seek and arrange emergency medical care, hospitalization or surgery that may become necessary in my absence and I/We will assume financial responsibility for the same. I/We do further hereby release from any and all liability and otherwise hold harmless North Cleveland Church of God, any and all adult sponsors and/or church staff acting in their supervisory capacity for personal injury, property or other type of loss which occurred as a result of this activity/event. The following information is accurate to the best of my knowledge:

Name _____ Participant Name(s) _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____
Emergency Phone _____ Date of last tetanus shot _____
Family Physician _____ Phone Number _____

Please list any medications currently taken, physical limitations, medical conditions or other helpful information about participant(s). _____

Insurance Company _____ Policy # _____
Group # _____ Sub-Group _____
Please list any other helpful insurance information. _____

Photo Release Please note that photos of ALT students are taken throughout the year at our various ALT activities. The photographs are used to highlight ALT in our diverse communication formats.

Medical History (Please check all that apply.)

- Diabetes
- Orthopedic problems
- Asthma
- Epilepsy
- Cardiac problems
- Contact lenses
- Other _____

Allergies (Please check all that apply.)

- Aspirin
- Penicillin
- Sulfa
- Insects (stings/bites)
- Tetracycline
- Food products
- Other _____

Parent/Guardian Signature _____ Date _____

Notary Public _____ Date of commission expiration _____