



Permission Form



RELEASE OF LIABILITY STATEMENT

We the parents or legal guardian of _____, *(Participants Name)* do hereby release from any liability Evangel Community Church and any and all adult sponsors or church staff, in the event of any accident en route, during and returning from _____.

(Location of Event)

Date: _____ Signature: _____
(Parent or Guardian)

MEDICAL RELEASE

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Person to Notify: _____

Health Card #: _____

In the event of an emergency where medical treatment is required, I give my permission to the church staff or sponsor to obtain the service of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Comments or medical information: _____

Signed: _____ Date: _____
(Parent or Guardian Signature)