

Liability Release Form

Name: _____ Age: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Parents Names _____
Parents Phone # _____
Cell # _____ Work # _____
Medical Information _____
Known allergies? _____
Hospital Insurance? Yes ___ No ___
Insurance Co. _____ Policy # _____
Doctor's name & phone _____
Emergency Contact (name & phone) _____

Parent's Covenant

My Son/Daughter has my permission to attend any of the events or retreats sponsored by the Cross Point Free Will Baptist Church during the Calendar years of 2016-2017. I release the sponsoring church, The Cross Point Free Will Baptist Church, and all individuals representing said church, of liability for an accident that might occur to my son/daughter while participating in events. I also agree to allow emergency medical treatment for my child, if a medical emergency should arise. I understand that should my child be sent home from any event, I could be called upon to provide transportation home from such event.

Parent or guardian

Signature: _____

Notary Public: _____

Signed before me this _____ day, of _____ year of _____. State of
KS County of SG