

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 2017-2018. 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