

Medical Release and Liability Waiver

I, _____, (parent/legal guardian), give my permission for _____ (minor's name) to participate in all activities sponsored by UNITED from September 17, 2015 through September 17, 2016. In the event of a medical emergency, I do hereby give my permission for the leaders to make any necessary medical decisions regarding treatment for my son/daughter without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services. I do understand that if an emergency should occur every effort will be made to contact me as soon as possible.

Further, I do hereby release from all liability UNITED in the event of any accident incurred during an activity on church grounds, as well as any accident incurred en route, during, or returning from any activity off church grounds sponsored by UNITED.

Also, I hereby give my consent to all photographs, and/or videorecordings taken of my student by UNITED or UNITED sponsored events. I understand that any such photographs, and/or videorecordings become the property of Berkley Hills and may be used by the church with their consent, for spiritual or promotional purposes determined by the church in broadcast and electronic media formats now existing or in the future created.

My signature below confirms that I have read, understand, and do agree to the above terms.

Signature: _____ Date: _____

List allergies and current medications, if any

Insurance Company or Group: _____

Policy Number: _____

Student's Date of Birth: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Person to contact if I cannot be reached: _____

Alternate Person's # _____

UNITED