

# New Life Assembly of God

## Parent Consent and Liability Release Form

_____		_____
Name		Date of Birth
_____		_____
Street Address		Home Phone
_____	_____	_____
City	State	Zip

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_ to attend and participate in activities sponsored by New Life Assembly of God from January 1, 2011 to December 31, 2011.

The undersigned does hereby release, forever discharge, and agree to hold harmless New Life Assembly of God and the members and official board thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities sponsored by New Life Assembly of God.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, misconduct, or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by New Life Assembly of God.

Hospital Insurance    \_\_\_\_\_yes    \_\_\_\_\_no

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

_____	_____
Participant's Signature	Date
_____	_____
Father's Signature	Date
_____	_____
Mother's Signature	Date
_____	_____
Legal Guardian's Signature	Date

If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

On the reverse side of this page, please list any allergies or special medical problems your child may have.