

Medical Release

This release will be in effect for the **September 2024 - June 2025** year.



To Whom It May Concern:

Print Name

MEDICAL AND LIABILITY RELEASE

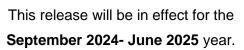
As a parent and/or guardian, I do authorize treatment, under the direction of any licensed physician, for the above named minor in the event of a medical emergency, which in the opinion of the attending physician, would endanger his or her life. This authority is granted only after a reasonable effort has been made to reach me by phone (unless life threatening) at the numbers listed. I (we) are the parent(s) or legal guardians) of this participant, do release, forever discharge and agree to hold harmless Abounding Grace Christian Church Awana Club and the directors/workers/volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the child participant that occur while said is participating in the Abounding Grace Christian Church Awana Club trips or activities.

Furthermore, on behalf of my child participant, I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is given to Abounding Grace Christian Church Awana Club and the undersigned further agrees to hold harmless and indemnify Abounding Grace Christian Church Awana Club, its directors, staff and volunteers, for any liability sustained by said travel organizers as the result of negligent, willful or intentional acts of said participant, including expenses incurred.

Child/Student's Full Legal Name:	
Address:	
Home Phone #:	Cell Phone #:
Date of Birth:	0 110 11 11
F-mail Address:	
Name of emergency contact:	
Phone # of emergency contact:	Other Phone #:
Relationship to Child/Student:	Date of last tetanus shot:
List any current allergies, illnesses, physi	cal conditions, or medications: (attach another sheet if needed)
Is participant covered by personal or fam	ily medical insurance?
If yes, please fill out the following:	
Name of insurance company:	
Policy #:	
Signature (parent/guardian)	Date



Photo Release





Child/Student's Full Legal Name:	
likeness in photograph(s)/video/websites// and all of its publications collateral, and as existing, controlled by Abounding Grace C other use by the Church. I will make no m	Christian Church, Inc., in perpetuity, and for conetary or other claim against Abounding of the photograph(s)/video/ websites/audio
Initial to agree or disagree	
Yes, I Agree:	No, I Disagree:
Today's Date:	
Office Only:	
Class Assigned: SparksT&TCCB Updated	
Parent Accepted Photo Release:	
Parent Naclined Photo Rolesso	