



Liability & Medical Release Form

Being the parent or legal guardian of _____
(name of child-participant)

I do hereby grant permission for him or her to participate in _____ on _____ with the youth group from Grace Community of Wesley Chapel.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and I am aware that the possibility of an unforeseen hazard does exist. In addition, I further agree to not hold Grace Community, its leaders, employees, and volunteer staff liable for expenses, property damages, sickness, injuries or losses incurred by the minor listed on this form. Furthermore, I do hereby assume all risk of expenses, property damages, sickness, injuries or losses which may result.

In cases where medical treatment is required, I do hereby give permission to take my (our) child-participant to a doctor or hospital and do consent to necessary x-ray, anesthetic, medical, surgical, or dental diagnosis and treatment. Furthermore, I understand that all efforts will be made to contact me prior to treatment. In the event that I cannot be reached in an emergency, I give permission to the activity leader to make decisions for treatment. In such cases, I do authorize any necessary medical treatment, and I do assume the responsibility of any and all medical bills.

Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____

Home Phone # _____ Emergency Phone # _____