



{ WINTERFEST 2012 - PARENT RELEASE }

Medical Information and Release of Liability:

CHILD'S NAME: \_\_\_\_\_

Please list any conditions your teen has that may be of concern. (Mobility impairments, past serious illnesses, etc.) \_\_\_\_\_

List any medications your child is presently taking. Do they need assistance with medication? \_\_\_\_\_

List and allergies your child has: \_\_\_\_\_

Do adult leaders have permission to dispense Tylenol, aspirin, Pepto-Bismol or other over the counter medications? YES NO

Are there any over the counter medicines you DO NOT wish your child to take? \_\_\_\_\_

Any additional information about student's behavior, physical, emotional or mental health or any restrictions on activity. \_\_\_\_\_

In consideration for my child participating in Gateway Community Fellowship of Bismarck, ND events and activities, we (I), being 21 years of age or older, do for and on behalf of my child participant, if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Gateway Community Fellowship of Bismarck, ND, and the directors 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 the above described activity.

Furthermore, we (I) and on behalf of our (my) child participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

Hospital Insurance YES NO Name of Insurance carrier \_\_\_\_\_

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

Family doctor's name and phone number: \_\_\_\_\_

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

\_\_\_\_\_  
Father Date Mother Date  
\_\_\_\_\_  
Legal Guardian Date