

Rochester Assembly of God Church
4240 18th Ave. NW
Rochester, MN 55901

NAME OF EVENT: _____ **DATE OF EVENT:** _____

MEDICAL & LIABILITY RELEASE

PERSONAL INFORMATION:

NAME _____

HOME PHONE(____) _____ CELL PHONE (____) _____

ADDRESS _____ BIRTHDATE ____/____/____

CITY _____ STATE _____ ZIP _____

MEDICAL INSURANCE:

Insurance carrier _____ Policy # _____

Name of Insured _____ **Please note: Your medical insurance is primary**

PARENT/GUARDIAN INFORMATION:

NAME _____ HOME PHONE (____) _____

WORK PHONE (____) _____ CELL PHONE (____) _____

ADDRESS (If different from above): _____

In case parent/guardian is unable to be reached, who can be called in case of an emergency:

NAME: _____ RELATIONSHIP: _____

PHONE (____) _____

Personal Physician _____ Phone(____) _____

PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

I give permission for my son/daughter, _____, (age) _____ to participate in _____ and consent and agree to indemnify and hold harmless Rochester Assembly of God, its officers, directors, agents, employees, or volunteer assistants from all claims arising out of or related to my child/ward's participation in this program. Rochester Assembly of God, its officers, directors, agents, employees, and volunteer assistants are further hereby released from any liability associated with any injury or harm to my child/ward arising from or related to my child/ward's participation in this program. I have explained the meaning of "hold harmless" and "release to my child/ward, and the signature below indicates his/her agreement to do the same.

Parent/Guardian Signature

Child's Signature

EMERGENCY MEDICAL CARE AND TREATMENT

- If it should become necessary for my child to receive medical treatment for any reason, I understand that my medical insurance is primary. Consequently, I agree to submit all claims to my insurance company.
- I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the program.
- In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's life and health. If it is advisable or possible to contact me or my physician in advance, I waive my right to informed consent for such treatment.
- Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request personnel from Rochester Assembly of God to administer or supervise such treatment and to do any procedure that it deems necessary until such time as my child can be safely transported to a doctor or hospital.

Special medical information: _____

- **Allergies:** _____
- **Medication Being Taken:** *Prescription & over the counter-PLEASE LIST ON BACK WITH INSTRUCTIONS!*
- **Date of last Tetanus shot:** _____

Dated this _____ day of _____, 20 _____

Revised 6/1/03

Parent/Guardian Signature