

REACH GONZAGA

LIABILITY/MEDICAL RELEASE FORM

THIS FORM MUST BE COMPLETED FOR EACH YOUTH ATTENDING. A COPY OF THIS INFORMATION IS TO BE KEPT WITH GROUP LEADER DURING THE EVENT. PLEASE ALSO SUBMIT A COPY TO REACH WHEN YOU REGISTER.

Group Leader: _____
Group Name: _____

Youth Participant's Name: _____
M/F: _____ Date of Birth: _____

Parent/Guardian Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____

LIABILITY RELEASE

- * As parent/guardian, I remain fully responsible and liable for any claims brought against Reach Youth Ministry which may result from any action taken by my child.
- * My teen and I have read and understood the Expectations of Participants for this event and will cooperate with these rules. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense.
- * Should photos or video be taken, I give my permission for the use of my child's image and/or likeness in any promotional or other marketing activities relating to the Reach Gonzaga Conference.
- * I give permission for my above named child to attend this youth conference.

Parent/Guardian Signature

Date

MEDICAL HISTORY

Allergies: _____
Current Medications: _____
Activities prohibited for to medical reasons: _____
Special needs or medical concerns: _____

EMERGENCY MEDICAL TREATMENT

PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES!!

- * In the event of an emergency, I hereby give permission to Reach Youth ministry, its officers, directors, agents, volunteers, and representatives associated with this event to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.
- * I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel.
- * I relieve Reach Youth Ministry of all responsibility and consequences that may arise as a result of this treatment.
- * I will not hold Reach Youth Ministry liable in the event of an injury.
- * Further, I agree to accept any and all financial responsibility as a result of the medical treatment.

Parent/Guardian Signature

Date

In the event of an emergency please contact (someone other than those listed above)

Please Print Name: _____
Relationship to attendee _____ Phone: _____