

2012-2013 Medical & Liability Release Form
Penn Forest Wesleyan Church
3735 Chaparral Drive SW
Roanoke, VA 24018

Name: _____ Birth-date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency contact person: _____ Relationship: _____

Phone #'s: _____ (Home) _____ (Work)

Medical Information

List all allergies or physical problems _____

Current Medications: _____

Physician's Name: _____ Phone: _____

Insurance Company: _____ Address: _____

Phone: _____ Member ID Number: _____

The undersigned do hereby give permission for our/my child, (herein the "Individual") to attend and participate in the activities of Penn Forest Wesleyan Church.

We/I the undersigned do hereby authorize an adult, in whose care the minor has been entrusted, to obtain any necessary medical treatment including, but not limited to, any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our/my child to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Penn Forest Wesleyan Church.

For and in consideration of Penn Forest Wesleyan Church allowing the individual named above to participate in the activities, and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the undersigned, for himself or herself, assigns, heirs, and next of kin (herein the "Releasers") release, waive, discharge, and covenant not to sue Penn Forest Wesleyan Church and its officers, employees, and agents (herein the "Release's"), from all liability to the Releasers, on account of injury or death to the individual named above or injury to the property of the individual name above, whether caused by the negligence of Release's or otherwise, while the Individual is participating in the activities.

The undersigned is fully aware of the risks and other hazards inherently in the Activity and is voluntarily participating in the activities, and voluntarily assumes all risks of loss, damage, or injury that may be sustained by the individual while participating in the activities. The undersigned warrants that he or she has fully read and understands this medical and liability release agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

Parent/Guardian Signature: _____ Date: _____