

# Beltline Church of Christ Waiver and Release Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parents'/Guardians' name(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Notify in emergency (other than parent/guardian)

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Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## *Medical Information*

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

As parent or guardian, I hereby give my approval and consent for \_\_\_\_\_ to participate in any activities sponsored by Beltline Church of Christ. This authorization shall remain in effect through the (use 18th birthday) \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, or until terminated in writing by the undersigned. In consideration thereof, I hereby relieve Beltline Church of Christ and all adult chaperones on said activities my child is attending from any and all liability for sickness, accidents, or injuries of any nature of cause whatsoever while attending, coming to, or leaving said activity. In case of an emergency illness of my child demanding immediate attention by a doctor to save his/her life, and the adult chaperones could not reach me by phone, I give my consent for the group leader in charge and/or adult chaperones to authorize the doctor to do what he/she deems necessary to save the child's life.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_