

MEDICAL AND LIABILITY RELEASE FORM
Orrville Grace Brethren Church

Name: _____

Name of Parents: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____.

EMERGENCY NOTIFIFCATION

Name: _____

Phone: _____

Address: _____

Please list any allergies or any other specific health problems that we should be aware of.
HEALTH HISTORY

Allergies: _____

Medication: _____

Specific Health Needs: _____

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by the Orrville Grace Brethren Church to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

Signature: _____ **Date:** _____

I hereby acknowledge that it is my desire for my child to participate in church-sponsored activities at the Orrville Grace Brethren Church, including activities on and/ or away from the church premises as well as transportation to and from activities.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in such activities, I hereby release, discharge and indemnify Orrville Grace Brethren Church, its officers, employees and agents from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church-sponsored activities on and/ or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

Signature: _____

Date: _____