

Liability Release

Name _____ Date _____ Event-

Parent/Guardian _____ Phone Number _____

Address _____

Physician _____ Insurance Co. _____

Group/Policy Number _____

Alternate Emergency Contact _____ Phone # _____

Allergies or Relevant Medical History _____

List of Medication Taking _____

Assumption of Risk: I recognize that there are risks to any adventure activity associated with the outdoors. I therefore allow the minor in my charge to participate and I assume all risk for injury, loss of life or property due to negligence.

Release of Liability: I hereby agree that I, my heirs, guardians and legal representatives will not make claim against, sue or attach the property of Yosemite Lakes Community Church, its employees or board members as a result of participation in an Awana Ministries event. I hereby release all aforementioned parties from all actions, claims, or demands that I, my assignees, heirs, guardians, or legal representatives now have or may hereafter have for ANY injury or damage resulting from this event.

Medical Release: I consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which are deemed advisable by, and are under general or specific supervision of any licensed physician. It is understood that authorization is given in advance of any specified diagnosis treatment or hospital care required.

Signature _____ **Date** _____