



P.O. 2078 Hayden, ID 83835

Medical Release / Release of Liability

Name of Participant _____

Address _____ Phone (_____) _____

Emergency Contact (minors should list parent / guardian)

Phone (_____) _____ Other Phone (_____) _____ Relationship _____

Please list any special medical conditions, medications or allergies which will help us care for you:

Name of Doctor _____ Phone (_____) _____

FOR MINORS

I grant my child permission to attend _____
(EVENT NAME)

FOR ADULTS

I declare that I am a willing participant of _____
(EVENT NAME)

In doing so, I give authorization, in case of accident or injury, to any medical facility or hospital to treat the above named as required for their health, and the administering of first aid as the adult in charge sees fit.

I understand that all reasonable safety precautions will be taken at all times by CITY CHURCH, CFCC, PACC, GFCC, Fuego and/or its agents during the events and activities. I agree NOT to hold CITY CHURCH, CFCC, PACC, GFCC, Fuego and/or its leaders, employees, and volunteer staff liable for damages, lost or stolen property. **In case of injury to the subject of this form, I understand that I am responsible for the cost of any care that is outside the coverage of Camp Fuego insurance or my sponsoring church's insurance if such a policy exists.** I give permission for the above to ride in the designated vehicle meant for transportation, and to participate in ALL activities.

I have reviewed the contents of this form and agree, as parent or guardian, by my signature to the above mentioned.

Event Participant Signature _____

Printed Name _____

Parent or Guardian Signature _____

Printed Name _____

Date _____

PLEASE COMPLETE AND RETURN TO THE CHURCH OFFICE AT THE ADDRESS ABOVE.

ANY QUESTIONS CAN BE E-MAILED TO zach@citychurchweb.com