



Medical & Liability Release Form

Parent/
Guardian Name:

Home Phone:

Cell:

Work:

Address:

City:

State:

Zip:

E-mail

Known Allergies
or Medical
Conditions

I hereby give permission for my child(ren):

Child Name:

Grade:

Birthdate:

Child Name:

Grade:

Birthdate:

to participate and travel with Grace Bible Church for the event on

I understand that travel will be done by adult sponsors who have been cleared to drive by Grace Bible Church and their insurance.

I hereby authorize Pastor Charlie Hornick, Pastor Jed Johnston, or other Grace Bible Church sponsor(s) to decide for me in my absence, the course of action to be taken according to their best judgment in an emergency requiring medical attention for my child(ren).

I hereby waive and release Grace Bible Church, Pastor Charlie Hornick, Pastor Jed Johnston, or any other sponsor(s) from any liability for accidental injuries, dismemberment or death resulting from any activities on this event.

Signature:

Date: