

Mt. Juliet Church of Christ Waiver and Release Form Instructions

When filling the release form out, please complete the form with as much clarity and detail as possible. We refer to these in medical emergencies and we need correct, and updated, insurance information as well as important medical notes.

When putting the date in the form led up to by “shall remain in effect through the...”, **please** use the date of the 18th birthday of the student you are signing for. If you do this, you will not need to fill out one of these forms again. Ever! This date should **not** just be the end date for the specific event your child is about to attend.

Thank you!

Mt. Juliet 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):

_____ 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 Mt. Juliet Church of Christ. This authorization shall remain in effect through the _____ day of _____, 20 ____, or until terminated in writing by the undersigned. In consideration thereof, I hereby relieve Mt. Juliet 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: _____