



***Christ Community Church, Alaska***  
**Medical Consent, Permission to Participate and Release of Liability**

I/we, the parent(s) or guardian(s) of \_\_\_\_\_, acknowledge that the student above desires to participate in the programs, events, or activities operated or sponsored by **Christ Community Church, Alaska**. I/we understand that the student above may incur personal injury or bodily damage while participating in such programs, events or activities. Further, I/we understand that the student above can not participate in such programs, events or activities without releasing and holding harmless **Christ Community Church, Alaska**.

I/we, the parent(s) or guardian(s) of the above named youth hereby give my/our consent for, and authorize **Christ Community Church, Alaska** or its agents to give permission for, emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above-named youth in the event of the youth's injury or illness, by a physician, qualified nurse, emergency medical technician, and/or hospital during all periods of time in which the youth is away from his/her legal parents or guardians as a member of **Christ Community Church, Alaska**.

Further, I/we waive, on behalf of myself/ourselves and the above named youth, any legal claim against **Christ Community Church, Alaska** and its officers, directors, employees, agents, board members, volunteers, or participants, arising out of such medical treatment. Further, I/we will assume the cost of the necessary medical and hospital care.

I/we, the parent(s) or guardian(s) of the above named youth hereby give my/our approval for him/her to participate in any and all **Christ Community Church, Alaska** activities. I/we assume all the risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive and release any legal claim against **Christ Community Church, Alaska** and its officers, directors, employees, agents, board members, volunteers, or participants, arising out of any injury to my/our child occurring or resulting from any and all **Christ Community Church, Alaska** activities, whether the result of negligence or from any other cause.

By signing below, I/we acknowledge that I/we have read, understand, and agree to the above.

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Name of Student: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Employee's Identification Number (e.g., social security number), if this is employer provided insurance

\_\_\_\_\_

Emergency Contact During Time of Event:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

List all of the allergies to medications, food, animals, or otherwise that Christ Community Church, Alaska should know about\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medical problems, regularly taken medications or other medical history\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please make sure your child has a proper medical alert if medical conditions/allergies exist.**