

Grace Chapel
Youth Permission Slip / Medical Release Form

Event/Activity:

Name: _____ **Parent's Name:** _____

Address: _____

Home Phone: _____ **Parent's Cell Phone:** _____

Emergency contact phone: _____

Grace Chapel Member? Yes No I am a guest of _____

Name of Person to contact in case of an emergency (other than Parent): _____

Alternate emergency contact phone: _____

Allergies (including drugs): _____

Special instructions or information: _____

In case of an emergency you are authorized to take such measures and arrange for such medical and hospital treatment, as you may deem advisable for the health and well being of my child. I release Grace Chapel, the staff and volunteers from claim of liability due to sickness or injury. I accept all financial responsibilities concerning any medical emergency.

Signature of Parent/Guardian: _____ **Date:** _____

Print your name and relationship to entrant: _____

Release of All Claims

In consideration for my child being allowed to participate in activities sponsored by Grace Chapel, I hereby release, discharge, indemnify, and agree to hold harmless Grace Chapel, its directors, officers, and employees, agents and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury, or illnesses that may be suffered by _____.

I further agree to indemnify and hold harmless Grace Chapel, its directors, officers, and employees, agents and all volunteer personnel for any claim and/or damages it or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

Signature: _____ **Date:** _____

(Parent or Legal Guardian)

Printed: _____