

ALL NATIONS CHURCH - Youth Group

Liability and Medical Release Form

I hereby certify that _____ is able to participate in the activities of the Youth Group of All Nations Church of Phoenix. I understand this may involve transportation by car to various locations. In case of medical and/or surgical emergency, I hereby give permission to the physician/hospital selected to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named above.

Signature _____ Date _____

(Please Print Name) _____

Address _____ Home Phone _____

City, State, Zip _____

Emergency Contact _____ Phone _____

Medical Concerns, allergies, etc. _____

Insurance Company _____ Policy # _____

Signature of participant (or Parent/Guardian, if minor) _____

Liability Release Form

I realize that any activity that I or any minor children that are under my care undertake while participating in activities of the Youth Group of All Nations Church of Phoenix could possibly be hazardous to my/our health and/or well being. I will use or participate in activities realizing that there is potential danger and assume all responsibility for any accidents that may occur.

Further, in the event of accident or fatality, All Nations Church of Phoenix and any officers of ANC will not be held financially or in any other way liable.

I have read and agreed to the statement above:

Signature _____ Date: _____

(Please Print Name) _____