

2018 CONSENT AND RELEASE FORM

New Life Community Church
1489 St. Rt. 511 South
Ashland, OH 44805 – 419-289-0107
(please complete one form per child)

CONSENT AND AGREEMENT

I/WE do hereby release NEW LIFE COMMUNITY CHURCH, their agents, staff and volunteer assistants from any liability whatsoever arising out of injury, damage, or loss which may be sustained by said person(s) during the cause of involvement with Children's/Youth Ministries programs, activities and/or trips, January 1, 2018 through December 31, 2018.

Print Child's Name: _____ Date: _____

Child's Cell Phone: _____

If Age 18, Signature Required: _____

IF APPLICANT IS UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED:

Parent's Signature: _____ Date: _____

Please Print Parent's Name: _____

Relationship: _____

Contact Phone Number: _____

PLEASE COMPLETE PAGE 2

Children's/Youth Ministries Medical Release Form

I give my permission for treatment of my child as may be required and determined by the appropriate leader or health care professional who is present.

This release is effective for the 2018 calendar year for **Children's/Youth Ministries** events. I hereby assume responsibility for payment of such treatment and have attached my child's insurance information.

My Name: _____ Phone: (H) _____
(W): _____ (C) _____
Address: _____
City: _____ State: _____ Zip: _____

In case I cannot be reached, I designate the following:

Name: _____
Phone: (H) _____ (C) _____

Name: _____
Phone: (H) _____ (C) _____

My Insurance Policy Number: _____

Insurance Co. Name: _____

Physician's Phone: _____

Physician's Address: _____

Known Allergies and/or Medical conditions of my child:

Medications child takes:

Parent/Guardian's Name (print): _____

Signature (parent/guardian): _____ Date: _____