Marietta First Church of the Nazarene Youth Ministry

CONSENT AND LIABILITY WAIVER FORM

Name of student (please print): _____

Parent(s) and/or legal guardian(s) of student: _____

Address: _____

Age of student: _____ Birth Date: _____ Academic Grade: _____

Event Name: _____

I hereby give Marietta First Church of the Nazarene of Marietta, Georgia and its representatives permission to take the above named student on this activity. In consideration of the attendance at this activity, I do hereby release and discharge Marietta First Church of the Nazarene and all of its directors, agents, and adult leaders acting officially or otherwise from any and all claims, demands, actions, or causes of action on account of any injury sustained to the above named student during said above named activity. I hereby authorize any director, adult leaders, or agent of Marietta First Church of the Nazarene to obtain emergency medical treatment at any time during the above named activity. I understand that an attempt will be made to notify any or all emergency contacts first but if not available, however, the student will be taken to the emergency room at the nearest hospital as circumstances may warrant.

Medial History or other pertinent medical Information

Please list any special medical/health information (including medication) concerning the student:

_____

_____

_____

Insurance company: _____ Policy Number: _____

Signatures

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

_____ ___ / ___ / ___

(Student Signature) (Date)

If student is less than 18 years of age, a parent or guardian signature is required.

_____ ___ / ___ / ___

(Parent/Guardian Signature) (Date)

Emergency Contact

_____ _____

(Contact Name) (Relationship to Student)

_____ _____

(Home Phone) (Other Phone)