

I, _____ hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at Life Bible Church, including activities on and/or away from the church premises as well as transportation to and from such activities.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITES, INCLUDING TRASPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge Life Bible Church, its officers, employees, agents and members of the Board of Trustees from all action, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Sex: _____

Emergency Contact Information

Name: _____ Name: _____

Phone: _____ Phone: _____

Medical Information

Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Health History

Allergies to:	_____ Diabetes	_____ Emotional Handicap
_____ Drugs	_____ Cardiac	_____ Mental Handicap
_____ Asthma	_____ Chronic Asthma	_____ Seizure Disorder
_____ Hay Fever	_____ Nervous Disorder	_____ Other
_____ Insect Stings	_____ Epilepsy	_____ Date of last
Tetanus		
_____ Other _____	_____ Physical Handicap	_____

If you have checked any of the above, please give details: _____

Activity Restrictions: _____

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by Life Bible Church to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, MEDICAL CONSENT AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This Consent, Release from Liability and Medical Consent shall remain effective until revoked in writing and delivered to any officer, employee or agent of Life Bible Church.

Signature: _____ Date: _____