

# Potter's Christian Fellowship

## Permission and Release Form

### One per Child

Minors' name, age, and grade in the fall: \_\_\_\_\_

\_\_\_\_\_

Minors' address and phone #: \_\_\_\_\_

Parent or legal guardian's name, address, phone # (home, work, cell): \_\_\_\_\_

\_\_\_\_\_

Alternate emergency contact: name, relationship, phone # (home, work, cell): \_\_\_\_\_

\_\_\_\_\_

List your health and accident insurance provider here:

• Health insurance company and policy # \_\_\_\_\_

• Minor's doctor and phone #: \_\_\_\_\_

• Date of last tetanus shot: \_\_\_\_\_

List all known allergies to food and medicine: \_\_\_\_\_

Restrictions on activities, medications and swimming ability: \_\_\_\_\_

The minors you are responsible for will be taking part in activities organized by Potter's Christian Fellowship during the calendar year \_\_\_\_\_. Their presence at such activities constitutes your consent for their participation. These activities often carry an above normal risk of personal injury and are potentially dangerous. Their participation is conditioned upon your agreement that they will abide by the rules and regulations in effect and follow the direction of the staff. The rules are for their safety.

The purpose of this statement is to inform you of such risk, to show that you have been informed and accept such risk of injury, and that, by their presence at such activities, you consent to their participation. Please understand that Potter's Christian Fellowship is not attempting to waive any gross negligence or wanton misconduct, but is advising you that there are elements of activities over which they have no control.

In signing below you acknowledge that the health information provided above is correct as far as you know and that the minors named above have permission to engage in all activities except as noted. In the event you cannot be reached in an emergency, you give permission to the physician selected by Potter's Christian Fellowship to secure and administer treatment, including hospitalization, for the minors named above. You give permission to the medical personnel selected by Potter's Christian Fellowship to order x-rays, routine tests, and treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the minors named above.

Please sign below showing that, you have read and totally understand this statement and as to the minors you are responsible for, you are aware of the risks of participating in such activities and that you assume those risks. It is your responsibility to inform the minors named above of such potential risks.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Event:

Date:

Event:

Date:

Event:

Date:

Event:

Date:

Event:

Date:

Event:

Date: