



Liability Release Form 2019-2020

I/We _____ (Name of Parent/Guardian) give permission to my son/daughter, _____ (participant's name) to participate in the activities and events of the Middle School Ministry of North Cleveland Church of God for the 2019-2020 school year. I/We further authorize the Middle School Ministry Team to seek and arrange emergency medical care, hospitalization or surgery that may become necessary in my absence and I/we will assume financial responsibility for the same. I/We do further hereby release from any and all liability and otherwise hold harmless North Cleveland Church of God, any and all adult sponsors and/or church staff acting in their supervisory capacity for personal injury, property or other type of loss which occurred as a result of this activity/event. The following information is accurate to the best of my knowledge:

Parent(s) Name _____ Participant Name(s) _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____
Emergency Phone _____ Date of last tetanus shot _____
Family Physician _____ Phone Number _____

Please list any medications currently taken, physical limitations, medical conditions or other helpful information about participant(s). _____

Insurance Company _____ Policy # _____
Group # _____ Sub-Group _____

Please list any other helpful insurance information. _____

Photo Release Please note that photos of **ALT** students are taken throughout the year at our various **ALT** activities. The photographs are used to highlight **ALT** in our diverse communication formats.

Medical History (Please check all that apply.)

- Diabetes
- Orthopedic problems
- Asthma
- Epilepsy
- Cardiac problems
- Contact lenses
- Other _____

Allergies (Please check all that apply.)

- Aspirin
- Penicillin
- Sulfa
- Insects (stings/bites)
- Tetracycline
- Food products
- Other _____

Parent/Guardian Signature _____ Date _____

Notary Public _____ Date of commission expiration _____

