

# Word of Life Assembly of God Parent Consent and Liability Release Form

_____		_____
Name		Birthday
_____		_____
Address		Phone
_____	_____	_____
City	State	Zip

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
To attend and participate in activities sponsored by Word of Life Assembly of God from January 1, 2009  
to December 31, 2009.

The undersigned does hereby release, forever discharge and agree to hold harmless Word of Life  
Assembly of God and the members and official board thereof from any and all liability, claims or  
demands for personal injury, sickness or death, as well as property damage and expenses, of any nature  
whatsoever which may be incurred by the undersigned and the child-participant that occur while said  
child is participating in activities sponsored by Word of Life Assembly of God.

We (I) authorize and adult, in whose care the minor has been entrusted to consent to any X-ray  
examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be  
rendered to the minor under the general or special supervision and on the advice of any physician or  
dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed  
hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with  
such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the  
undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by  
the adult in whose care the minor has been entrusted while attending and participating in activities  
sponsored by Word of Life Assembly of God.

Hospital Insurance \_\_\_\_yes \_\_\_\_no

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature                      Date

\_\_\_\_\_  
Father's Signature                              Date

\_\_\_\_\_  
Mother's Signature                              Date

\_\_\_\_\_  
Legal Guardian's Signature                      Date

If under 21, both parents must sign unless  
parents are separated or divorced in which  
case the custodial parent must sign.

On the reverse side of this page, please list any allergies or special medical problems your child may have.