

MEDICAL RELEASE FORM AND LIABILITY WAIVER

I, _____, (parent/legal guardian), give _____ (minor's name) my permission for to participate in all activities sponsored by Parkway Wesleyan Church from September 1, 2002 through August 31, 2003. In the event of a medical emergency, I do hereby give my permission for either Pastor Matthew Trexler, all adult sponsors/staff, or _____ (other adult leader) to make any necessary medical decisions regarding treatment for my son/daughter without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services. I do understand that if an emergency should occur every effort will be made to contact me as soon as possible.

Further, I do hereby release from all liability Parkway Wesleyan Church in the event of any accident incurred during an activity on campus, as well as any accident incurred en route, during, or returning from any activity off campus sponsored by Parkway Wesleyan Church.

List allergies and current medications, if any

Insurance Company or Group:

Policy Number: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

Person to contact if I cannot be reached: _____

Name _____ Phone Number _____

My signature below confirms that I have read, understand, and do agree to the above terms.

Signature

Date

Please return this form to Pastor Matthew Trexler by fax, mail, or delivery by the student.