



LIABILITY/MEDICAL RELEASE

EFFECTIVE APRIL 1, 2010 – DECEMBER 31, 2011

Youth Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

School _____ Male _____ Female _____

Grade in Fall _____ Date of Birth _____ Age _____

PARENT/EMERGENCY CONTACT INFORMATION

Parent to notify _____

Phone # home _____ cell _____

Email _____

Alternate person to notify _____

Phone # home _____ cell _____

MEDICAL INFORMATION

Medical information, allergies to medicines, medications being taken, medical problems or other pertinent information:

Doctor _____ Dr. Phone _____

Health Insurance Co. _____ Policy # _____

Last Tetanus Date _____

In the event of an emergency requiring medical treatment, I hereby give my permission to the licensed physician and/or hospital selected by The Elevation Movement ("Elevation") to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child. I understand my child will be transported by bus, van or private vehicle. I hereby release Elevation, its staff, elders, board of directors, denomination, insurers, agents and volunteers of any liability for injury or damage and assume all risks arising out of my child's participation in any activity including water safety issues. I acknowledge it is my sole responsibility and choice to insure my child against all injury or damages. I agree not to hold Elevation, and or its agents, or employees liable for damages, losses or injuries to the person/s or property undersigned. In addition, I give permission for my child to engage in all activities understanding they will include Christian spiritual training. I understand Elevation retains the right to use photos and video taken during activities for publicity purposes. I acknowledge and understand that as the Parent/Guardian for the minor listed on this form I am signing a medical and liability release for the minor.

Parent/Guardian Signature _____ Date _____