

# ACTIVITY RELEASE FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent's Night Out**

(Activity)

on

**December 10 4:00-8:00 pm**

(Dates)

We (I) are the parent(s) or legal guardian(s) of this child, and hereby grant our (my) permission for him/her to participate in this activity. We (I) give our (my) permission to Alpine Chapel and its representatives to transport our (my) child to a doctor or hospital, and authorize medical treatment, including but not limited to emergency surgery or other emergency treatment. We (I) assume the responsibility for all medical bills, if any.

We (I) agree to hold Alpine Chapel, Alpine Student Pastor and Alpine Student Ministry Leaders harmless from any and all liability, actions, courses of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with participating in the above mentioned activity except those caused explicitly by Alpine Chapel's negligence.

\_\_\_\_\_  
Parent's Signature/Legal Guardian's Signature **(Both Parents Must Sign)**

\_\_\_\_\_  
Date

Registering for this activity authorizes Alpine Chapel to use photos and videos of this participant for promotional purposes.

## EMERGENCY INFORMATION

Name of Person Insured: \_\_\_\_\_

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

Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature/Legal Guardian's Signature **(Both Parents Must Sign)**

\_\_\_\_\_  
Date