

**Our Savior's Church • High School Camp • July 10<sup>th</sup>-14<sup>th</sup>, 2017**  
**LIABILITY RELEASE AND MEDICAL CONSENT FORM**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, (hereinafter my child) hereby acknowledge that it is my desire (for my child) to participate in church sponsored activities at OUR SAVIORS CHURCH, including activities on and/or away from the church premises as well as transportation to and from such activities. I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge OUR SAVIORS CHURCH, its officers, employees, agents and members of the Board of Directors from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents, Board of Directors, before or during my (my child's) participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND I AM SIGNING IT OF MY OWN FREE WILL. This Liability Release Form shall remain effective until revoked in writing and delivered to any officer, employee, or agent of OUR SAVIORS CHURCH.

Student's Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Emergency Contact 1: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Emergency Contact 2: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian)

**HEALTH HISTORY**

___ Diabetics	___ Sleep Disturbances	___ Appliances (retainers, contact lenses)
___ Mental Disability	___ Chronic Asthma	___ Vision/Hearing Impairment
___ Seizure Disorder	___ Motion Sickness	___ Emotional/Behavioral Disability
___ Nervous Disorder	___ Epilepsy	___ Physical Disability
___ Cardiac	___ Other: _____	

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

If you have checked any of the above, please give details: \_\_\_\_\_

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

Activity Restrictions: \_\_\_\_\_

This health history is correct, to the best of my knowledge. I hereby give my permission to the physician, nurse, or dentist selected by OUR SAVIORS CHURCH to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. (Use back of form for any explanations).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian)