



Medical Release Form

Participant Name: _____ **Current Grade:** _____

The health of each participant while attending Evangelical Free Church of the Palouse's activities is very important for the best experience. A participant should not participate if ill. Please list any **medical conditions** or **medications currently taken:** _____

Allergies to Food or Medicines: _____

Date of last tetanus shot: ___/___/___

In the case of a minor, if I (we) as the parent/guardian CANNOT BE CONTACTED IN A MEDICAL EMERGENCY, I (we) hereby give permission to the physician selected by the Evangelical Free Church of the Palouse Representative to hospitalize, secure treatment for, and to order medications, injections, anesthesia, and/or surgery for any child named on this form. I understand that I am responsible for charges not covered by insurance. I also release all information necessary to settle any claims.

Insurance Company: _____ Policy #: _____

Participant Name: _____

Age: _____ Date of Birth: _____ Sex: _____ Weight: _____

Home phone #: _____ Emergency phone #: _____

Address: _____

BY SIGNING THIS FORM, I hereby acknowledge the inherent risks involved with indoor and outdoor activities, wilderness adventures, and possibilities of unforeseen hazards and know the inherent possibility of risk. I do hereby voluntarily participate in the programs offered. By my signature below, I release and discharge Evangelical Free Church of the Palouse from all action that they, their heirs, guardians, and legal representatives now have or may hereafter have for injury or damage sustained. I acknowledge that I have carefully read this agreement and I fully understand its contents. I understand that this is a Release of Liability.

Participant Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

**Parent/Guardian (sign for your 18 and under dependent)*