

First Friends Church  
1028 Jennings Ave  
Salem, OH 44460  
330-332-0001

### MEDICAL AND LIABILITY RELEASE FORM

The undersigned does hereby give permission for our (my) son / daughter,

Name \_\_\_\_\_ to attend and participate in the

\_\_\_\_\_ activity sponsored by the First Friends Church of Salem on

(date) \_\_\_\_\_ at (place) \_\_\_\_\_.

#### Medical Release:

“In the event that I cannot be reached in an emergency during the date(s) specified on this form, I hereby give my permission to the physician or dentist selected by the church leader to hospitalize, to secure proper treatment, and/or to order injection, anesthesia, or surgery for my son or daughter as deemed necessary.”

#### Liability Release:

“By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church related activities. The parent or guardian also agrees not hold the church, its officers or employees or volunteer leaders/assistants liable for damages, losses, or injuries to person or property listed above.”

The parents or guardians understand that they are signing for the minor listed on this form and the signature is both a medical and liability release.

#### Financial Responsibility:

Any damage done to any of the facilities used for the activity will be assessed to the individual’s parents or guardians whose child was responsible for such damage.

Parent or Guardian Signature \_\_\_\_\_

Phone Number During Activity Date(s) \_\_\_\_\_

Emergency or Other Phone Number \_\_\_\_\_

Health Insurance Provider and Policy Number \_\_\_\_\_

Please list below or on the back of this sheet any medications, allergies or special medical problems that may pertain to your child: