

Consent and Release from Liability

I, _____, hereby acknowledge that it is my desire to participate in church-sponsored activities at Providence Forge Presbyterian Church, including activities on and/or away from the church premises.

I am voluntarily participating in these activities, with knowledge of the dangers involved and I hereby agree to accept any and all risks of injury as a result of such participation.

As lawful consideration for permitting me to participate in such activities, I hereby release and discharge Providence Forge Presbyterian Church, its officers, employees and agents 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 and agents before or during my participation in such church sponsored activities on and/or away from the church premises.

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 sign it of my own free will.

This Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of Providence Forge Presbyterian Church.

Signature

Printed legal name

Date

Registration and Medical Consent Form

Name _____ Phone _____
Address: _____
City and State: _____ Zip: _____
Birthdate: _____

Emergency Notification

Name _____ Relationship _____
Home phone: _____
Cell phone: _____
Work phone: _____

Alternate Contact

Name _____ Relationship _____
Home phone: _____
Cell phone: _____
Work phone: _____

Insurance

Carrier _____
Policy # _____ Group # _____

Known allergies, medical conditions, medications and/or physical limitations:

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by Providence Forge Presbyterian 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.

Signature

Date

ATTACH COPY OF INSURANCE CARD