

Calvary Community Church
Release and Hold Harmless Agreement/Medical Information and Release Form
for all neXgen activities

Name _____ Sex _____ Age _____ Grade _____

Mailing Address _____ City _____ Zip _____ Phone _____

Street Address (if different from mailing address) _____ Birthdate __/__/__

Mother's Name _____

Occupation _____ Work Phone _____

Father's Name _____

Occupation _____ Work Phone _____

Known allergies or problems _____

Hospitalization Insurance Co. _____ Policy # _____

Physician _____ Phone _____

Please list the name of nearest relative/friend (circle one) to be contacted in case of emergency.

Name _____ Home Phone _____ Work Phone _____

By my signature, I, _____, the parent or guardian of _____, grant my permission for him/her to participate fully in the neXgen ice skating event at Columbia Ice Rink (5876 Thunderhill Road) on Friday January 30, 2009. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Calvary Community Church and the adult leaders from all claims that might result from any injury or death of any minor.
3. Should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs.

Signature of parent or legal guardian

Date