

Horizon Community Church

Waiver & Parental Consent Form Emergency Medical Release and Liability Waiver

1. Participant's Name: _____ Birth Date: _____
Current School: _____ Grade: _____
Allergies: _____
Additional Info: _____

2. Participant's Name: _____ Birth Date: _____
Current School: _____ Grade: _____
Allergies: _____
Additional Info: _____

3. Participant's Name: _____ Birth Date: _____
Current School: _____ Grade: _____
Allergies: _____
Additional Info: _____

4. Participant's Name: _____ Birth Date: _____
Current School: _____ Grade: _____
Allergies: _____
Additional Info: _____

Family Address: _____

Parent Email Address: _____

Health Insurance Company: _____ Member ID (s): _____

Emergency Information

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Relationship: _____

Phone Number: _____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

Permission to Use Photograph/Video

I grant to **Horizon Community Church**, the right to take photographs and/or videos of me and my family. I authorize Horizon Community Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Horizon Community Church may use such photographs and/or videos of my and my family, with or without my name, and for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

Name(s) of all immediate family members to be included under this agreement including spouse and/or children

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

I have read and understand the above.

Address: _____ **Date:** _____

Signature: _____

Printed Name: _____