

Melrose Community Church

AWANA Club

3918 Melrose Rd., Roseburg, OR 97471

Email: mcc@melrosecommunitychurch.org

Phone: (541) 672-4522

Name of Child _____

Address _____

Town, State, Zip _____

Phone _____ Birth date _____ Age _____ Grade _____

Home Church _____

Parent(s) or Guardian(s) _____

Parent's email _____ Cell Phone _____

MEDICAL & LIABILITY RELEASE FORM:

To Whom it May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor _____ Son/Daughter _____

Date of last Tetanus _____ Age _____

Family Physician _____ Phone _____

Person to contact in case of emergency:

Name _____ Phone _____

Specific allergies, chronic illness, other conditions or special needs:

This release form is signed and completed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. By signing this form, I agree to assume and accept all risks and hazards inherent in church-related social activities. I also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property above mentioned.

Signed _____ Parent/Guardian

Phone _____ Date _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your son or daughter is on a church related activity.

Name of Insurance Company _____

Policy Number _____

(MORE ON OTHER SIDE)

Media Release

I understand that at this event or related activities, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by event holders, producers, sponsors, organizers and assigns. When an identification of a child is made, only the first name of the child may be used along with the name of the church.

Authority to Sign:

I represent and warrant that I am a parent or legal guardian of the child named above and have the full power and authority to enter into this *Parental Consent and Release of Liability*, on behalf of my child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Oregon, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Douglas County, Oregon.

Parent or Guardian Signature

Date signed

Name Printed

Emergency Contact Phone Number

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\*Is there any person(s) not allowed to pick up your child?       Yes       No

If yes, please list the names of those not allowed to pick up your child:

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_

Relationship \_\_\_\_\_