



**2020/2021 Awana Liability and Medical Release Form
The Church at Creek's End**

I/We _____ do hereby give permission for my/our child to attend and participate in activities sponsored by or attended with The Church of Creek's End for the year 2020 & 2021. I/We also forever discharge and agree to hold harmless The Church at Creek's End, the ministers, the sponsors, and volunteers of The Church at Creek's End from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned that occur while the said child is participating in church activities.

I/We further authorize a Minister, or any sponsor in whose care the child has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the child under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned person pursuant to this authorization. The undersigned does also hereby release The Church at Creek's End and any and all agents for the children's Awana Team from any liability for any loss or injury during the Awana event.

Specific Activities related to Event: - Awana Meeting/Recreational Activities – relay races, kickball, Awana Square games

Personal Information

Name _____ D.O.B. _____

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Parent Phone Number _____

Parent Email _____

Parent Cell phone number _____

Person to contact in case of emergency:

Name _____

Phone Number _____

Parent/Guardian Signature

Medical Information:

Insurance Company _____

Policy Number – Group Number _____

Allergies to Medicine _____

Other Allergies _____

Are currently taking any medication (please list)? _____

Is there any medical problem of which we should be aware? _____

Date