



Liability Release & Medical Consent Form

Participant Information (Please Print)

First Name _____ Last Name _____ Middle Initial _____

Address _____

Home Phone () _____ Cell Phone () _____ E-Mail _____

Gender _____ Birthday _____

Medical Insurance Information

Emergency Contact _____ Phone () _____

Name of Health Care Provider _____ Phone () _____

Insurance Carrier _____ Phone () _____

Subscriber/Policy Holder ID# _____ Group #() _____

Medical Concerns _____

Allergies _____

Medical Consent-Release

1. (I/my child), _____ wish(es) to participate in GSPN activities and release from all liability and indemnify the International Church of the Foursquare Gospel d/b/a Grace Foursquare Church and its directors, officers, council, representatives, volunteers, and employees ("Church") from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any damage, injury or illness incurred or caused by (me/my child) while participating in or traveling to or from the activity, or otherwise in Church custody. (I/my child) understand(s) the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify (I/my child) is able to participate in the activity.
2. (I/my child) agree(s) to cooperate with the Church and its representatives in charge of the activity and understand (I/my child) may be prohibited from participating and/or sent home for any failure to follow the rules established by the Church.
3. (I/the parent/guardian) appoint Church representatives who are acting as leaders, or designated by such leaders, as (my/my child's) attorney in fact to act for (me/my child) in (my/my child's) name and (my/my child's) behalf, in any way that (I/the parent/guardian) could act if (I/the parent/guardian) were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while (I/my child) is in Church custody.
 - a. To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of (me/the child).



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- b. I understand the Church will make a reasonable attempt to contact the responsible party or (parent/guardian) as soon as possible in the event of a medical emergency involving (me/my child).
4. (I/my child) is to be **excluded** from the following activities _____
and/or from release to the follow persons _____
(IF LEFT BLANK, NO ACTIVITIES OR PERSONS ARE EXCLUDED.)

I will notify the Church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Applicant Signature (*person over 18 years of age*)

Date

Signature of parent or guardian (*individually and as parent/guardian*)

Date