

**EMORY PRESBYTERIAN CHURCH
ATLANTA, GEORGIA
MEDICAL AND LIABILITY RELEASE**

Name _____

Address _____

Telephone _____

Date of Birth _____ Age _____ Sex _____

Name of Parent/Guardian _____

I hereby grant permission for my child to participate in any and all trips, activities, and events sponsored by Emory Presbyterian Church, Atlanta, Georgia, that he/she attends. I acknowledge that there are risks associated with participation in the above stated including, but not limited to, personal and bodily injury. I hereby release and agree to hold harmless Emory Presbyterian Church and its agents of whatever kind from any and all claims, demands, damages, causes of action, or suits now or in the future arising out of or connected with my child's participation in any and all trips, activities, and events sponsored by Emory Presbyterian Church, Atlanta, Georgia.

I also grant permission to the physician selected by the program director or supervising adults to secure proper medical treatment in case of an emergency in the event I cannot be reached.

Signature of Parent/Guardian _____

Relationship to Participant _____

Date _____

EMERGENCY INFORMATION:

Name of Close Friend or Relative _____

Address _____

Telephone Number _____

Does family/child presently have full medical/hospitalization coverage? _____

Name of Insurance Company _____ Policy Number _____

List any allergies and list current medication being taken:

