

Nassau Nazarene Fellowship
Permission / Medical & Civil Liability Release Form

I (We), _____ the parent(s) / legal guardian(s) of _____, give permission for my (our) child to participate in the following activities:

Sponsoring Organization: Nassau Nazarene Fellowship

Destination: _____

Activities Planned: _____

Dates Covered: _____

I understand that my (our) child and other participants in these activities will be transported to and from said activities either via bus or private vehicle, and I (we) hereby authorize him / her to travel in whichever form of transportation is used. I (we) further acknowledge the right and necessity of said vehicle(s) to make incidental stops in route to and in return from the designated activity when determined to be necessary or desirable by representative of Nassau Nazarene Fellowship.

I (We) understand that my (our) child and other participants in these activities have agreed to certain rules governing these activities. I (we) understand that the failure to abide by these rules by my (our) child may result in the search of his or her personal belongings and may also result in my (our) child being sent home, and I (we) agree to be responsible to pick up my (our) child if such a violation occurs at my (our) expense.

I (we) hereby release Nassau Nazarene Fellowship, its staff, and its adult sponsors from responsibility and liability for any injury or illness that my (our) child may sustain during these activities. In the event that my (our) child is injured during these activities and requires the attention of a doctor, I (we) consent to any reasonable medical attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician or hospital refused to administer without my (our) consent, I (we) hereby authorize any adult sponsor as my (our) agent, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist, as appropriate, licensed to practice under the laws of the state where the services are rendered, either in a doctor's office, clinic, or in any hospital.

I (we) agree to release and hold harmless the staff and adult sponsors of Nassau Nazarene Fellowship from any and all claims, suits, costs, and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Health Insurance Company Policy / Group Number

Relationship to Child Daytime Phone Number ()

Evening Phone Number ()

Signature (to be signed in the presence of a Notary Public)

The following section to be completed by Notary Public

Before me, a Notary Public, in and for said County and State, this _____ day of _____, _____, personally appeared _____ and acknowledged the execution of the foregoing Permission / Medical & Civil Release Form. IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

NOTARY PUBLIC: STATE OF: _____ COUNTY OF: _____

Notary Public Signature

Commission Number

Commission Expiration Date

Notary Seal: