

**HOOD RIVER CHURCH OF THE NAZARENE WAIVER OF LIABILITY/MEDICAL CONSENT  
CHILD/TEEN FORM**

I, the undersigned parent and/or guardian of my child/teen identified below, give permission for him or her to participate in those events of Hood River Church of the Nazarene in which he or she actually participates (the "Event"). This permission includes, but is not limited to, the permission to participate in all activities, games, sports, services, lodging, food, travel, etc. relating to the Event. I give this permission understanding there may be known or unknown risks and dangers relating to the Event, including but not limited to, the risk of illness, bodily injury, death, and damage to property.

1. In consideration of my child/teen being allowed to participate in the Event, I, on behalf of myself and my child/teen:

2. Assume all risks which may occur in connection with the Event. Release Hood River Church of the Nazarene and its directors, officers, employees, and agents from any liability to me, my child/teen and his or her personal representative (executor), estate, heirs, and successors in interest.

3. Agree to defend, indemnify, and hold harmless Hood River Church of the Nazarene and its directors, officers, employees, and agents from any loss, liability, or cost (including attorneys' fees) regarding any claim whatsoever relating to the Event which is made against the Church or against, by or on behalf of myself, my child/teen, and his or her personal representative (executor) estate, heirs, and successors in interest. In the event of accident, illness, or other medical emergency, I, on behalf of myself and my child/teen, give permission to the person or persons in charge of the Event, to administer first aid, to seek medical attention, and to do anything else which he or she deems necessary or advisable, and give permission to the physician to examine, diagnose, hospitalize, secure treatment for and to order x-rays, injection, drugs, anesthesia, surgery, and to do anything else necessary or advisable, according to the medical standards and expertise then and there available.

Child/Teen's Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone (Work/Cell) \_\_\_\_\_

Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance  Yes  No Company \_\_\_\_\_

Insurance Group No. \_\_\_\_\_ I.D. No. \_\_\_\_\_

Other Person to Contact \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Is child/teen taking any medication (including nonprescription drugs; for example, aspirin, etc.)?

Yes  No If yes, please specify. \_\_\_\_\_

Does child/teen have any allergies or other existing medical conditions of which we should be aware?

Yes  No If yes, please specify. \_\_\_\_\_

When did child/teen receive last tetanus shot? \_\_\_\_\_

I intend for this form to remain in effect until a revised form or a written revocation signed by me is delivered to Hood River Church of the Nazarene.

\_\_\_\_\_ Parent/Guardian Signature Date \_\_\_\_\_