

**All Souls Community Church**  
**Parent/Guardian Release and Liability Form**

Dates:

September 1, 2021 - August 31, 2022

Name of Child \_\_\_\_\_

**Parent/Guardian and Child Release Statements:**

As parent/legal guardian of \_\_\_\_\_, I give permission for the above named child to participate in All Souls sponsored events between the dates listed above.

I understand all reasonable safety precautions will be taken at all times by the All Souls Community Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold All Souls Community Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/they cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the representative(s) from All Souls Community Church to secure medical treatment for my child as deemed necessary. I hereby give permission to those medical professionals administering emergency treatment to do so, using measures deemed necessary. I absolve All Souls Community Church from liability in acting on my behalf in this.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand that the information given on this form is confidential and will be treated as such by the staff of All Souls Community Church.

Parent/Guardian

Signature: \_\_\_\_\_

Date:

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**Contact Information**

Name of Student \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_

Address \_\_\_\_\_

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Name of School/Grade \_\_\_\_\_

**Emergency Contact Person 1:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact Person 2:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## Health History

Pre-existing or present medical conditions: \_\_\_\_\_

\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

\_\_\_\_\_

Any Allergies? (including medications) Please also list the severity of the allergy (mild, life threatening, etc)

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature or Signature of Student (if over 18 years old):

\_\_\_\_\_

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Date: \_\_\_\_\_