



Permission-Release Form – Events / Rides

Name: _____ Phone #: _____ - _____ - _____ Ext. _____

Address: _____ City: _____ State: _____

School: _____ Grade / Year: _____

Youth Event /Activity: _____

I give permission for my above-named child to ride with any the youth sponsors of First Alliance Church, who have completed Risk Management Training and are officially recognized by church staff as youth sponsors, to and from any youth activity.

I hereby release First Alliance Church, its staff and sponsors, from responsibility and liability for any accidental injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, 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 at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Natural Parent or Legal Guardian _____

Date: _____ Emergency Phone #: _____

Medical Information:

Allergies: _____

Medications being taken: _____

Physical handicaps or limitations: _____

Medical Insurance Company: _____

Policy Number: _____

Member's Name: _____