

**RELEASE FORM FOR MINORS
COOKS CREEK PRESBYTERIAN CHURCH
EFFECTIVE SEPTEMBER 1, 2022 THROUGH AUGUST 31, 2023**

THIS FORM PERTAINS TO THE FOLLOWING CHILD:

CHILD NAME _____

DATE OF BIRTH _____

I/we give my/our permission for the above-named child to participate in any activity sponsored by Cooks Creek Presbyterian Church, Harrisonburg, VA from September 1, 2022 to August 31, 2023. In anticipation of the value of this activity for the above named child, I/we wish to make it clear that we understand that Cooks Creek Presbyterian Church, its staff, officers, members, volunteers, and leaders of the trip/activity are hereby relieved from any and all liability for loss of property, damage to property, or any personal harm that may come to the child or caused by the child, and absolve the church, its staff, officers, members, volunteers, and leaders and hold them harmless from any claim of demand which might be asserted in connection with any activity during this time period.

In case of medical emergency, I/we hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the child is accompanied by a leader of this activity and efforts have been made to contact the participant's parent(s)/guardian(s) listed below. I/we assume full responsibility for such care.

Family physician's name _____ Phone # _____

Parent 1 home phone # _____ Work # _____ Cell # _____

Parent 2 home phone # _____ Work # _____ Cell # _____

Alternate emergency contact person _____ Phone # _____

Please indicate any medications your student takes _____

Allergies _____

Please list any health concerns or conditions of which we should be aware (diabetes, asthma, epilepsy, etc) and use the reverse of this sheet if you need more room:

Parent/guardian names (please print) _____

Parent/guardian signature: _____ Date _____

Parent/guardian signature: _____ Date _____