

Medical and Liability Release Statement

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 cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Northwood Presbyterian Church will apply if my child is injured while in one of the church-owned vehicles, or if my child is injured while on the premises of the church building. Injuries incurred as a result of participation in sports events are exempt in this policy.

I understand that all ordinary safety precautions will be taken at all times by the Northwood Presbyterian Church Children Ministry and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Northwood Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Student's Name

Parent/Guardian Signature

Date: ____/____/____

Transportation Release

I give my permission to the bearer of this letter to transport my child to program events approved and sponsored by the Northwood Presbyterian Church of Clearwater.

Student's Name(s)

Parent/Guardian Signature

Date: ____/____/____