

For events sponsored by Wadena Alliance Church,
Wadena, MN 56482 Phone: 218.631.3563

Medical Release Form

Name of Participant _____

Full Address _____

Date of Birth _____ Home Phone _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy # _____

Physician Name _____ Phone _____

Please list any medical allergies, medication being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to gain my consent or contact me on my child's behalf. However, if I cannot be reached, I give my permission to Wadena Alliance Church or its representative to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my or my child's well-being.

Signed _____ **Date** _____

(Participant Signature, Parent or Guardian if a minor)



Waiver of Liability Statement

I, the parent or legal guardian of the minor listed below, or for myself, release Wadena Alliance Church, together with any church staff, adult leaders and sponsors, from any and all claims resulting from injury or damage that may be sustained by me or my child while participating in the activity listed below.

Name of Participant _____

Activity: _____ Date of activity: _____

Signed _____ Date _____

(Participant Signature, Parent or Guardian if a minor)