

For Events sponsored by **Project 14:21 Youth Ministry**, Wadena Alliance Church,  
Wadena, MN 56482 Phone: 218.631.3563

## Medical Release Form

Name of Youth 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 contact me. 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 child's well-being.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent or Legal Guardian)

## Waiver of Liability Statement

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

Name of Youth Participant \_\_\_\_\_

**Activity:** \_\_\_\_\_ **Date of activity:** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent or Legal Guardian)

