



**EVENTS COVERED BY THIS AGREEMENT**

**CONSENT TO MEDICAL CARE AND RELEASE OF LIABILITY FOR LFMC**

**General Release**

I understand that my child(ren) may be transported in a vehicle owned by the church or another adult. I acknowledge that there may be inherent or other risks involved for participants of this activity. I agree to release LFMC and its agents and representatives from all liability of damage and injury to the participant(s) indicated below for whom I am the Parent/Legal guardian.

**Transportation Release**

I give permission to the LFMC and their agents and representatives to transport the participant(s) named below to and from this event. I release LFMC, their agents and representatives from any and all that may occur during the course of transporting the below named person(s).

**Medical Release**

I understand that, in the event that any participant named below needs medical treatment while participating in this event, the leaders of this event will attempt to contact me. If they are not able to get in touch with me, I authorize LFMC and their representatives and agents to seek any medical treatment that they deem necessary for the person(s) named below during this event. I agree to pay all charges for the medical treatment.

As parent or legal guardian of the participant(s) listed below, I am responsible for the health care decisions of the participant(s) named below and am authorized to consent to the services to be rendered. I consent to and agree to pay for medical care or treatment given to my child while participating in this event.

**Students attending:**

**Child's Full Name** (Please Print) \_\_\_\_\_ Male / Female    Grade \_\_\_\_\_

**Child's Full Name** (Please Print) \_\_\_\_\_ Male / Female    Grade \_\_\_\_\_

**Child's Full Name** (Please Print) \_\_\_\_\_ Male / Female    Grade \_\_\_\_\_

**Child's Full Name** (Please Print) \_\_\_\_\_ Male / Female    Grade \_\_\_\_\_

**Additional Information:**

**Parent/Guardian Name(s)**(Please Print) \_\_\_\_\_

**Parent email:** \_\_\_\_\_

**Alternate Contact Person:** \_\_\_\_\_

**Relationship** (aunt, friend, etc.) \_\_\_\_\_ **Phone #** \_\_\_\_\_

I certify that I am the parent or legal guardian of the child(ren) named above. I further certify that the above information is accurate to the best of my knowledge. I, the undersigned, have read and understand the above medical consent and release from liability for my child(ren).

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_