



## VFC waiver and medical release

Name of Student \_\_\_\_\_

Name of Event \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### registration

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Victory Family Church and its staff (employed and volunteer) from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my child's participation in the Victory Family Church's activities revolving around the activity. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the staff (employed or volunteer) of Victory Family Church.

I have read the above waiver and release and by signing it agree it is my intention to exempt and relieve Victory Family Church from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

Signature: \_\_\_\_\_ (parent or guardian)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **ASSISTANCE PERMISSION:**

I hereby give my permission for the church staff or sponsor to obtain the services of a licensed physician for my child in the event of an emergency where medical treatment is required. Please attempt to notify me immediately concerning any such emergency.

Please list any pertinent medical information regarding your child's health: \_\_\_\_\_

Signature: \_\_\_\_\_ (parent or guardian)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_