

## CHURCH ACTIVITY - WAIVER OF LIABILITY

The undersigned parent/legal guardian (Parent's name printed) \_\_\_\_\_  
hereby gives permission to (church name) \_\_\_\_\_ Coptic Orthodox Church, for my child  
(insert child's name) \_\_\_\_\_ to take part in activities supported by the church.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

In consideration for the privilege of allowing my child to participate in the (Name of event) \_\_\_\_\_  
\_\_\_\_\_ activity, I agree to release and hold harmless the Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

Please list any medical conditions, injuries, or allergies:

\_\_\_\_\_

READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION

Date \_\_\_\_\_

Signature of Parent or Legal Guardian (required) \_\_\_\_\_

Participant Information:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Physician Information:

Physician \_\_\_\_\_ phone \_\_\_\_\_

Insurance (if none please write "NONE"):

Company \_\_\_\_\_ Effective date \_\_\_\_\_

Group I.D. # \_\_\_\_\_