

Release of St. Paul's Episcopal Church of Liability for Injuries to Minor and Agreement that Health Care Insurance of Parent/Guardian Shall be Primarily Responsible for Medical Expenses:

I _____ am the parent/guardian of _____

It is my desire that my child participate in the youth/choir activities of St. Paul's Episcopal Church. I understand that activities may occur away from 1361 W. Market Street, Akron, OH. I also understand that my child may have to travel in a motor vehicle operated by a licensed, insured driver over the age of 18.

I am aware that these activities may involve some hazards. I have considered these risks and I still wish for my child to participate. Furthermore, I agree not to bring legal action against St. Paul's Episcopal Church or individuals of its staff as a result of any injuries suffered in the course of his/her participation.

In the event of a medical emergency where treatment is required, I give permission for church staff/sponsor to obtain the services of a licensed physician. I understand that I will be notified immediately concerning any emergency.

Child's Date of Birth: _____

Allergies or other important info about your child: _____

Address (with City, State, Zip) _____

Home phone: _____ Work phone: _____

Parent's Cell phone: _____ or _____

Insurance Company _____

Policy Number (etc) _____

Primary Physician _____ Tel: _____

Signature of Parent/Guardian

Date

Please attach a copy of the medical/dental insurance card