

Apex Community Church Release Form

must be completed by a parent or legal guardian for a child under 18 years of age

This release form applies to all activities on or off Apex Community Church property, and is active for a 12-month period. If the information below changes before the 12-month period expires, it is the responsibility of the participant or legal guardian to submit an updated document; otherwise Apex leadership will solicit for an updated copy annually.

Participant/Child Information

Full Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Participant's/Child's Medical Details (a copy of the insurance card is requested for events outside the Dayton area):

Physician Name & Phone Number: _____

Insurance Company: _____

Insurance Policy Holder Name: _____ Insurance Policy Number: _____

Allergies or medical conditions? Please list:

Currently taking any medications? Please list them and instructions:

Legal Guardian/Parent Information (if the participant is under the age of 18)

Full Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

RELEASE - PLEASE READ CAREFULLY

Waiver of Liability and Disclaimer

I, the participant, parent, or guardian of the above named individual, acknowledge that participation in energetic activities and/or events necessarily involves risk of physical injury. I further acknowledge that the programs of Apex Community Church are primarily administered by volunteers, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Apex Community Church, their employees, or those supervising the event responsible from any claims arising out of or relating to any physical injury or material loss that may result to said individual while participating in the event listed above, including physical injury. I consent for my (or the participant's) picture or likeness to be used in promoting this event or other Apex Community Church events, including but not limited to print and electronic media.

Emergency Authorization

I, the undersigned, hereby authorize the leaders attending this event acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the following emergency contact(s).

Parent/Guardian Name(s) Phone Number Secondary Contact Name(s) Phone Number

I give permission for the following medications to be administered to my child by an Apex Community Church leadership member:

Aspirin [Y / N] Ibuprofen [Y / N] Tylenol [Y / N] Other _____ [Y / N] Other _____ [Y / N]

Participant Signature

Date

Parent/Legal Guardian Signature (if 18 & under)

Date