

AWANA CLUB

Medical Release Form
Birchwood Community Church
Chugiak, Alaska
2011/2012

Please fill out one per family:

Date: _____

Child's Name	Age	School Grade 2011/2012	Male or Female	Allergies or Special Medication

Please list medication information and any other particulars:

EMERGENCY CONTACT INFORMATION

In consideration for being accepted by Birchwood Community Church for participation in the AWANA program, I do hereby release, forever discharge and agree to hold harmless, Birchwood Community Church of Chugiak, Alaska and the trustees thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the AWANA activity including recreation and work activities. The undersigned further agrees to hold harmless and indemnify Birchwood Community Church, its trustees, employees and agents for any liability sustained by said acts of said participant, including expenses and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto. The undersigned further consents to the administration of first aid or doctor's care or any other form of medical treatment by illness or injury that may require the same. In the event of the necessity of such care treatment as heretofore described, the undersigned agrees to hold harmless and indemnify Birchwood Community Church, its trustees, employees, and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Printed Name of Parent/Guardian

Emergency Phone Contact

Signature of Parent/ Guardian

Cell Phone Number

Photo Release

I give permission for photographs of my child to appear on the Birchwood Community Church web site.

Signature: _____

I do not want pictures of my child to appear on the B.C.C. web site.

All children must have a CURRENT Medical/Activities Release Form on file to participate!