



DAKOTA RIDGE ASSEMBLY
Parental Consent/Liability Release Form

This form covers all official church activities/events for the calendar year 2009.

Participant's name: _____

Address: _____

Birth date: _____ Home Phone# _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

I (we) release my child into the custody of the supervising adults to participate in the above named activity. We hold Dakota Ridge Assembly blameless for any accident and/or injury suffered while participating in the planned activity.

In case of emergency, I hereby give permission the attending physician or emergency personnel to secure proper treatment, including hospitalization and/or necessary surgery, for my child. It is understood that a conscientious effort will be made to locate the Emergency Contact listed on this form. I/we will fully pay for all medical expenses incurred.

Medical & Insurance Information

Medical problem(s) of Applicant: _____

Medication(s) Needed: _____ Blood Type: _____

Allergies to Medications/Drugs/Foods: _____

Date of Last Immunization: Tetanus: ___/___ DPT: ___/___

Family Physician: _____ Phone: _____

Child's Insurance: _____

Policy Number: _____ Phone: _____

Please list any other pertinent health information: _____

I do not have insurance.

I do hereby consent to any hospital; medical, or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of my child while said child is under the care, custody and control of Dakota Ridge Assembly Staff or Volunteer Leaders. I further consent to the above mentioned minor being involved in normal activities for the event I have given permission to attend. Activities may include, but are not limited to, vigorous water sports, water activities, and various sports involving different balls. I understand that the insurance provided by Dakota Ridge Assembly is a SECONDARY policy only. I further understand I am financially responsible for the remaining charges not covered by the primary and secondary insurance.

Signature of Parent/Guardian (Required)