



# Rifle Church of Christ

435 Prefontaine Avenue  
Rifle, Colorado 81650  
(970) 625-1667 Office

## Medical Release and liability form;

I \_\_\_\_\_ the parent of \_\_\_\_\_ do give my permission for the said young person to participate in the daycare program for Parent's Night Out. The time of the activity will be Friday May 2, 2014., at 5 P.M. – 9:30 P.M. and will be the first Friday of each month thru Dec. 5<sup>th</sup>, 2014.

I do give my permission for medical treatment, in the event of an accident to Pastor Jon Phillips. This is giving the right to authorize medication also.

We will not hold Rifle Church of Christ liable in the event that something should happen in the course being involved with different activities. There may be a risk involved, and being the parent, I will take responsibility.

I give permission for my child photo to be used for promotional purposes.

Sign Parent \_\_\_\_\_

Sign Student \_\_\_\_\_





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## Medical Release and liability form;

I \_\_\_\_\_ the parent of \_\_\_\_\_ who is \_\_\_\_\_  
**years of age**, do give my permission for the said young person to participate in the daycare program of Parent's Night out, in Rifle, CO May 2, 2014 – December 5, 2014. The purpose is for a Parent's night out and will begin at 5:00 pm and end at 9:30 pm on first Friday of each month at The Rifle Church of Christ 435 Prefontaine Ave Rifle CO.

Initial \_\_\_\_

I certify that my young person is able to participate in all planned and unplanned activities which are associated with this evening which may include preaching, action sports, sight seeing, hiking, walking or running and any other activities associated with this evening. If my young person has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them. In the event an emergency occurs, I may be reached at the telephone number listed. I hereby authorize church officials to make emergency medical decisions for my young person.

Initial \_\_\_\_

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold the church its agents and employees, harmless from any and all liability, actions, causes of actions, claims, and expenses and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

Initial \_\_\_\_

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Colorado that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and terms of this release are contractual and not a mere recital.

Initial \_\_\_\_

Sign Parent \_\_\_\_\_ Date \_\_\_\_\_

Food Allergies \_\_\_\_\_

Allergic to Following Medications \_\_\_\_\_

Medical conditions to be aware of; \_\_\_\_\_

Physical Restrictions \_\_\_\_\_