

Outreach Release Form

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (H) _____ (C) _____ (W)

If under 18 years of age, what is your age: _____

Allergies/Phobias: _____

Medications or other medical information:

Medical Insurance Company and phone number:

Policy/Medical Record Number:

RELEASE OF LIABILITY

I, the undersigned, hereby and forever release Grace Bible Church (including the church, congregation, trustees, elders, pastors and staff) and those involved in organizing events from any and all responsibility and/or liability in case of accident or injury incurred during or traveling to/from an event, except in the case of active negligence. I authorize the supervisors/overseers of an event to provide primary medical assistance and/or transportation to trained medical personnel in the event of injury or illness. I also acknowledge that Grace Bible Church shall not be responsible for items stolen, lost or damaged during or while in the process of transportation to and from an event.

Authorization: _____
(Team Member or Parent Signature)