**THE MAHAFFEY ALLIANCE CHURCH
of the Christian & Missionary Alliance**MEDICAL RELEASE FORM

*Activity Information*

Name of Sponsoring Organization: Mahaffey Christian & Missionary Alliance Church

Address: 503 E. Main St., PO Box 23, Mahaffey, PA 15757 Telephone: 814-277-6400

*Participant Information*

Participant Name: Birthdate: Gender:

Parent/Guardian Name(s):

Home Address:

Telephone (daytime): Telephone (evening):

Emergency Contact Name: Emergency Telephone:

List of Allergies or Medical Conditions:

Is the Sponsor authorized to approve medical treatment? [ ] Yes [ ] No

Is the Participant covered by personal/family medical insurance? [ ]Yes [ ] No

If “Yes”, Name of Insurer:

Policy or Group Number:

*Participant Agreement*

I acknowledge that participation in the Activity described above involves risk to the Participant (and to the Participant’s Parents or Guardians, if the Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the Participant (or Parent/Guardian if the Participant is a minor) acknowledges and accepts the risks of injury associated with participating in and transportation to and from the Activity. The Participant (or Parent/Guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “Activity Sponsor”). Further, the Participant (or Parent/Guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

Parent/Guardian Signature: Date:
Form CY103