



# PERMISSION SLIP AND MEDICAL RELEASE FORM

\_\_\_\_\_ has my permission to  
NAME OF STUDENT  
participate with The Assembly, Warner Robins, GA (hereinafter "the Church") in Pumpkin  
Bowl 2013, Sunday, October 27, 2013.

**This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.**

I/We the undersigned have legal custody of the student named above and have given our consent for him/her to attend this event being organized by the Church. I / We understand that there are inherent risks involved in any ministry or athletic event, and I / we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he / she is injured and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and / or hospital personnel designated by the Church, I / we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I / we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I / we affirm that the above health insurance information provided above is accurate.

**Parent or Legal Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_