

# Awana Accident Waiver, Liability & Medical Release & Permission Form

**Effective dates:** August 31, 2023 to August 31, 2024

**(Update information and written permission annually: One per child)**

**Please print in ink**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_/\_\_/\_\_\_\_\_  
LAST FIRST MIDDLE

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

## Medical History

If necessary, please attach an additional page to describe health history in detail.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. Does your child have allergies to— (See below for more detail)

- pollens  medications  food  insect bites

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma  epilepsy / seizure disorder  heart trouble  diabetes  
 frequently upset stomach  physical handicap  Migraines  Dietary needs  
 Autism/Aspergers  Bleeding disorder  Other \_\_\_\_\_

Please describe if necessary: \_\_\_\_\_

3. Any non-medication Allergies:  Insect/bee/wasp stings  Poison Ivy/Sumac/Oak

Nuts:  mild  Moderate  Severe  Fish/Shell Fish  Milk  Other (non-drug) \_\_\_\_\_

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

(over)

Revised 8/23

# Awana Accident Waiver, Liability & Medical Release & Permission Form

I/WE HEREBY ASSUME ALL OF THE RISKS OF MY CHILD PARTICIPATING IN ANY ACTIVITY OF THE AWANA PROGRAM AT ANCHOR POINT BIBLE CHURCH (hereafter APBC), including by way of example and not limitation, and risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by APBC.

I/WE certify that my child is physically able to participate in any and all activity or events and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my child's participation in this ministry and any of the aspects of the club or event.

I/WE acknowledge that this Accident Waiver and Release of Liability Form will be used by APBC, and that it will govern my child's actions and responsibilities at all Awana activity or events.

In consideration of this consent and permitting my child to participate in Awana and any associated activity as part of the club, I/WE hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I/WE WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which hereafter occur to my child at Awana or transporting to and from, THE FOLLOWING ENTITIES OR PERSONS: APBC and/or their directors, officers, employees, volunteers, representatives, and agents, the Awana the activity or event holders, sponsors, or volunteers;

(B) I/WE INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in any and all activities or events, whether caused by negligence of release or otherwise.

I/WE acknowledge that these activities and/or events may carry with it the potential for serious injury, property loss or death. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, and lack of hydration. These risks are not only inherent to participants but are also present for volunteers.

I/WE hereby consent for my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I/WE understand that at this event or related activities, my child may be photographed. I/WE agree to allow their photo, video, or film likeness to be used for any legitimate purpose by APBC and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I/WE CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I/WE SIGN IT OF MY/OUR OWN FREE WILL.

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Printed Name(s)

Date

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Signature(s)

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Phone Number(s)

E-mail(s)