



JANUARY 2024 – DECEMBER 2024 Medical Release Form and Liability Waiver

I, _____ (Parent/Legal Guardian), hereby give my permission for _____ (participant’s name) to participate in all activities sponsored by the Northeast Church of Christ from August 2023 through December 2024. In the event of an emergency, I give my permission for _____ to be treated by an accredited physician in a professional office, medical clinic, urgent care, or hospital. I therefore designate Darne’ or Heather DeVore, or any other adult appointed by Darne’ or Heather DeVore as a chaperone for youth activities of the Northeast Church of Christ to act on my behalf in signing the necessary forms to order appropriate treatment for my child. I understand that Darne’ or Heather will attempt to contact me in any situation regarding my child. I further release from all liability the Northeast Church of Christ - its leadership, ministers, chaperones, and members - in the event of any accident incurred in route, during, or returning from any activity sponsored by the Northeast Church of Christ.

(Signature of parent/legal guardian & date)

(family medical insurance co. & policy number)

(emergency telephone numbers and contacts)

(list of all medical allergies)