

MGEFC LIABILITY RELEASE FORM

I, _____, give permission for
(parent name, print)

_____ to participate with other
(student name, print)

Students from Maple Grove Evangelical Free Church, in the
event/activity _____ on the
day/dates _____.

In the unlikely event of an emergency, I give my permission for the above named student to be treated by an accredited physician in an approved emergency clinic or hospital. I therefore authorize the adult chaperones to act on my behalf and order appropriate treatment.

Insurance Company _____

Insured name _____ Policy Number _____

I further release Maple Grove Evangelical Free Church and its officers and leadership from any liability in the event of any accident in route, during and returning from this event.

Parent/ Legal Guardian:

Date:

Emergency Phone #'s
