

RELEASE OF LIABILITY FOR YOUTH MINISTRY

I, , give

(*parent or guardian) (name of minor)*

permission to attend a Youth Aglow function at.

*(location)*

I, the undersigned, do release and hold harmless Youth Aglow; Aglow International, Inc. (a non-profit, non-denominational organization); its officers, directors, employees, agents, affiliates or subsidiaries; and/or, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the representative thereof, from any and all liability or claims arising out of the above said event regardless of negligence.

This release shall apply to any time during or during transportation to/from said event. *(date of event)*

*Parent or Guardian* *(Husband)* *Date*

*Parent or Guardian (Wife) Date*

# MEDICAL INFORMATION

|  |  |
| --- | --- |
| Please list any medications you are currently taking:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please list any allgeries you have:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Other pertinent information:

Doctor's Name Address

Phone  **( )**

# EMERGENCY CONTACT

Name Relationship

Address Phone **( )**