

LIABILITY RELEASE AND MEDICAL TREATMENT PERMISSION FOR MINOR

Date: _____

Name of Child _____

Child's Age _____

Description of Activity _____

Dates of Activity _____

Overnight Stay at Messiah College Yes _____ No _____

The child named above has my permission to participate in the described activity. I understand that participation may involve significant physical activity which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I also understand that my child may be sleeping overnight in a student residence belonging to Messiah College during this activity. If so, I give my permission for my child to do that. Further, I understand that my child may be transported by Messiah College student drivers in College-owned vehicles, personal vehicles, or vehicles owned by a sponsoring organization. **I assume all risk related to the child's participation and release Messiah College, its employees, agents, officers, students, and volunteers from all liability, claims, expenses and actions which may arise from injury or harm to the child as a result of participation in the activity.**

In the event of a medical emergency, I authorize Messiah College to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Messiah College from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signature of Parent/Guardian _____

Address _____

Telephone Numbers
(Home, Work, Cell) _____

Other Emergency Contact Person _____