

Medical Release

I, the person registered in (name sport) _____, understand that I am responsible for knowing the rules and regulations made by the church and sponsors of this activity. It is expressly understood by the person for whom this registration is made, the said registrant is in a condition of health that warrants his or her participation in this event, and that the adult leader of this activity is hereby granted permission to take the named registrant to a medical doctor for examination and treatment of any accident of illness that may arise during the term of said activity. In consideration of their acceptance for said activity, said church, its agents, and employees are hereby released and relieved from all liability and injury to said registrant arising from any and all activities of this event.

Signature: _____

Date: _____

Please Print Name _____