



**2021/2022 Awana Liability and Medical Release Form  
The Church at Creek's End**

I/We \_\_\_\_\_ do hereby assume responsibility to my child to attend and participate in activities sponsored by or attended with The Church of Creek's End for the year 2021/2022. I/We also forever discharge and agree to hold harmless The Church at Creek's End, the ministers, the sponsors, and volunteers of The Church at Creek's End from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned that occur while the said person is participating in church activities.

I/We further authorize Minister, or any sponsor in whose care the person has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned children pursuant to this authorization. Should it become necessary for my child to return home due to medical reasons, discipline problems, or other reasons, I/We shall assume all transportation costs. The undersigned does also hereby release The Church at Creek's End and any and all traveling companions or agents for the children's trip from any liability for any loss or injury while en route, during, and returning from the event.

Specific Activities: - Awana Game Time Recreational Activities – including relay races, kickball, Awana square games and general club activities.

**Personal Information**

Child Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Cell phone number \_\_\_\_\_

**Person to contact in case of emergency:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian Signature

**Medical Information:**

Insurance Company \_\_\_\_\_

Policy Number – Group Number \_\_\_\_\_

Allergies to Medicine \_\_\_\_\_

Other Allergies \_\_\_\_\_

Are currently taking any medication (please list)? \_\_\_\_\_

Is there any medical problem of which we should be aware? \_\_\_\_\_

\_\_\_\_\_  
Date