

**Bellevue Church of Christ
Release of Liability Statement**

PLEASE PRINT:

Name: _____

Age: _____ **Gender:** _____ **Phone:** (____) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact: _____ **Phone:** (____) _____

Doctor's Name: _____ **Phone:** (____) _____

Medical Insurance Co.: _____

Policy #: _____

Special Medical Conditions: _____

Medications Required: _____

Authority is hereby granted to **Bellevue Church of Christ** to place the above named person in the care of a legally qualified doctor, dentist, and/or hospital when in the staff's opinion it is necessary or the best option. **Bellevue Church of Christ** is released from any liability in connection with the afore-named person. I agree that the **Bellevue Church of Christ** will not be held responsible if any of my/or my child's property is lost, stolen or damaged during an event. I further consent to the above named person being photographed for purposes of recording the **Bellevue Church of Christ** experience, that these photographs may be used on **Bellevue Church of Christ's** website or for other publicity purposes. I understand that minor children will not be identified by name in any publication.

Date: _____
Signature or parent or guardian signature if a minor: