

**FUSION Youth**  
**Medical Release & Permission Form**

**Effective dates: ALL FUSION EVENTS from June 14, 2010 through July 31, 2010**

**Please print in ink**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Male  Female      Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone H \_\_\_\_\_ W \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

has my permission to attend **any and all Summer Events**

sponsored by **FUSION YOUTH** (herein after the "Church")

between **June 14, 2010 through July 31, 2010**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of the above named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries pastor.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Date: \_\_\_\_\_

Parent/guardian signature (if student is a under the age of 18): \_\_\_\_\_