



HTC RELEASE FORM

youth ministries

www.harbortrinity.org

Student's full name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Date of Birth _____ School grade _____

Student lives with: Both parents _____ Mother _____ Father _____ Other _____

Father's name _____ Employer _____

Mother's name _____ Employer _____

Emergency contact number _____

Name of physician _____ Date of last tetanus shot _____

To Whom It May Concern:

This release form is valid only for the following event _____ to be held on the following date ____-____-____.

I, the undersigned parent/ guardian of _____, understand that my son/daughter is responsible for learning and following the rules and regulations created by the church and adult leaders in order to participate in any youth activities during the dates included on this release form.

It is expressly understood by this parent/guardian that the above named minor is in a condition of health that warrants his/her participation in the scheduled activities during the dates included on this release form, and that an adult leader of these activities is hereby granted permission to take the named minor to a medical doctor for examination and treatment of any accident or illness that may arise during any activities attended during said dates.

In consideration of this acceptance, said church, its agents, and employees are hereby released and relieved from all liability for accident and injury to said minor arising from any and all activities and events for which this release form is applied.

(Parent/Guardian Signature)

(Form is valid from today's date)