

**Christ Church, Episcopal
and related activity
Release Form**

I, _____, parent/guardian of _____ who will be taking
(parent name) (child name)

part in the _____ do hereby release Christ Episcopal Church
(name of activity)

of any and all responsibility for my/my child's health, safety, and well being. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors) any and all rights and or claims arising out of this activity which I/my child have or may have hereafter accrue to me/my child against Christ Episcopal Church. I have full understanding of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect.

Date: _____ Signature: _____
Doctor's name: _____ Tel. No. _____
Medical Insurance Company: _____
Policy Number: _____
Parent(s) Address: _____
Home Phone: _____ Work Phone: _____ Cellular: _____

Please return this form to the Church Office or Trip Sponsor

**Iglesia Episcopal Christ Church
2320 Lane Street, Laredo, Texas 78043
y actividad relacionada
Forma del descargo**

Yo, _____, padre/ guardián de _____ quien tomará
(nombre de padre) (nombre de niño, niña)

parte en el _____ descargo de la Christ Episcopal Church
(nombre de actividad)

(Iglesia Christ Church) cualquiera y toda responsabilidad por el bienestar, salud y seguridad de mi ó de mi niño. Renuncio, y descargo por mí, mis herederos, ejecutores, administradores, representantes legales (incluso sucesores) cualquiera y todo derechos ó demandas que ocuren ó podrian ocurrir de esta actividad contra Christ Episcopal Church (Iglesia Episcopal Christ Church) en la cual yo ó mi niño tómo parte. Tengo comprensión completa de todos los riesgos en esta actividad y los asumo y acepto voluntariamente y libremente sin coerción o coacción. No se puede modificar este acuerdo verbalmente ó por escrito y no se puede renunciar en cualquier respeto.

Fecha: _____ Firma: _____
Nombre de Doctor: _____ Teléfono: _____
Compañía de aseguranza medica: _____
Numero de la aseguranza: _____
Dirección de casa: _____
Teléfono de casa: _____ Teléfono de trabajo: _____ Celulár: _____

Entregue esta forma a la oficina o al encargado del viaje

Medical Permission Form

Christ Church, Episcopal, and related activity Medical Permission Form

I, _____, parent/guardian of

_____ who will be

(Child or Youth complete name)

taking part in the _____, understand that in the

(Name of Trip or Event)

event of a health emergency that an attempt to reach me prior to any medical intervention will be made. In the event that I or another parent or guardian cannot be reached I do hereby permit the Christ Church Sponsors listed below:

1. _____
2. _____
3. _____

to authorize any emergency or urgent care necessary to my child's health, safety, and well being. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors) any and all rights and or claims arising out of this activity which I/my child have or may have hereafter accrue to me/my child against Christ Church. I have full understanding of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect.

Date: _____ Signature: _____

Doctor's name: _____ Tel. No. (____) _____

Medical Insurance Company: _____

Policy Number: _____

Parent(s) Address: _____

Home Phone: (____) _____

Mother's Cell: (____) _____ Mother's Work: (____) _____

Father's Cell: (____) _____ Father's Work: (____) _____

Neighbor or Near Relative: (____) _____