

N W I L A L L I E S

Fox, Lincoln Highway
Zone Gathering
Sunday, November 5,
6:00pm-8:30pm
\$5.00

Contact Harold Flach at harold@crossbridge.church with any questions

Name: _____ Age: _____ Grade: _____

Address _____

Phone: _____ Local Church: _____

I am a _____ Participant _____ Sponsor

Parent/Guardian Name _____

Emergency Contact Number _____

Name of Student's Insurance Company _____

Policy Number _____

Specify any allergies or medical conditions that would be pertinent for us to be aware of. _____

As a parent/legal guardian of _____, I have reviewed the information for the zone gathering and give permission for the student of this release to be involved in the overall activities.

I/We understand all reasonable safety precautions will be taken at all times by the Church of the Nazarene and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/ or physician deemed necessary for the student of the release in case of an emergency. I/ We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold the Church of the Nazarene, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this form.

Parent /Guardian Signature and Date