



**PERMISSION TO PARTICIPATE, RELEASE OF ALL CLAIMS,
AND AUTHORIZATION FOR MEDICAL TREATMENT OF A CHILD**

Name of Child: _____ Age: _____

Address/City/State/Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

I give permission for my child to attend and participate in any of the below listed events or functions taking place, which are sponsored and endorsed by the Youth Ministry of Daybreak Community Church. This involves permission to participate and a release of all claims and authorization for medical treatment.. Events include, but are not limited to:

ULTRAZONE ALL NIGHT YOUTH EVENT ON OCTOBER 16-17, 2009

I hereby release and agree to hold harmless Daybreak Community Church, together with its agents and employees, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Daybreak Community Church for all personal injuries, loss, or damage, known or unknown, which my child may incur by participating in the above activities.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance. The undersigned further agree to assume full financial responsibility for any and all charges incurred, specifically including ambulance, doctor, hospital or medication.

In the event of an injury to the attendee the individual's insurance will be primary and Daybreak Community Church medical coverage will be secondary.

Signature of Mother or Legal Guardian Date

Signature of Father or Legal Guardian Date

The following information is needed by any hospital or practitioner not having access to the child's medical history:

Date of last tetanus shot: _____ Medications being taken: _____

Allergies: _____

Physical impairments: _____

Name of physician and phone number: _____

Restrictions on participation: _____

Other pertinent facts to which physician should be alerted: _____

INSURANCE COMPANY NAME _____ GROUP NO. _____

CERTIFICATE NO. _____ INSURANCE CO. TELEPHONE _____

CHURCH ADDRESS Center Point Building • 11117 NE 189th Street • Battle Ground, WA 98604-6112

MAILING ADDRESS P.O. Box 354 • Battle Ground, WA 98604

PHONE 360.369.6499 • **WEB** www.thedaybreakchurch.com