

Blackhawk and Lincoln Highway Zone Gathering Saturday, September 24, 2022 5:00-7:00pm

Name:	Age:	Grade:
Address		
Phone:	Local Church:	
I am aParticipantSponso	r	
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