

CICERO CHRISTIAN CHURCH

1715 Stringtown Pike / Cicero, Indiana 46034 / 317.984.4653

reachteachserve.org



Recreation Permission Waiver for Minors

Date: _____

Name of Minor: _____

Address _____

City/Zip: _____

Phone Home: _____ Work: _____ Cell: _____

Parent/Guardian Name: _____

Phone Home: _____ Work: _____ Cell: _____

In case of emergency call: _____ Phone: _____
(if different than above)

Please list pre-existing medical conditions, such as asthma, allergies, etc.:

I authorize emergency medical treatment for an injury if the qualified medical personnel consider treatment necessary and perform the treatment if said minor is unable to respond or I am unavailable. Further, I am aware that participating in sports is a potentially hazardous activity. By signing this waiver, I agree to exempt and relieve *Cicero Christian Church* and its officers, agents, servants or employees from liability for personal injury, property damage or wrongful death. I also agree to indemnify and hold harmless the coaches, volunteers, and any other participating or sponsoring organization and all employees, officials, representatives and agents from any and all claims by or on behalf of said minor as a result of participation in this program. All such risks are known and understood by said minor and myself. Also, we provide insurance coverage in the event of an injury. The policy is as follows.

Date: _____

Participant Signature: _____

Parent/Guardian Signature: _____

Insurance company _____

Policy number _____

Carrier's name _____