



Truth Weekend 2014
Insurance Waiver, Feb. 28th-March 2nd

Child's Full Legal Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Insurance Company Name: _____

Company Phone: _____

Name of Policy Holder: _____

Insurance Policy Number: _____

Medical Release

I, _____ (Parent or Guardian) hereby give permission for any and all medical attention to be administered in the event of accident, injury, sickness, etc., under the direction of The Sanctuary Fellowship, if I am unable to be reached. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

It is my intention, by this instrument, to exempt and release The Sanctuary Fellowship from all liability whatsoever for personal injury, property damage, or wrongful death arising from any participation in this event. I hereby personally assume all risks in connection with said event, for any harm, injury, or damage that may befall me while I am participating in this event, including all risks connected therewith, whether foreseen or unforeseen.

Parent Signature _____ Date _____