

# MP Youth

## 2021 OFF CAMPUS WAIVER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Male / Female

Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

**I give permission** for my above named student to leave Madison Park Church campus(s) with MPC adult leaders for off campus activities.

**I understand the group will be traveling in adult leader vehicles.**

**I hereby release** Madison Park Church, their staff and volunteers from liability for any injury or illness that my child might sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, to act as an agent for me, to consent to an x-ray examination; medical, dental or surgical treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or any hospital or clinic.

**I also acknowledge** that all financial debts incurred are my responsibility and not that of MPC, their staff, or volunteers.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Parent/Guardian**      **Date**

Medical allergies: \_\_\_\_\_

\_\_\_\_\_  
**Emergency contact #**      **Emergency contact#**

\_\_\_\_\_  
**Insurance Name/Provider**      **Insurance ID#**

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*If you have any questions, please call the Youth Ministries Department at 642-2000.*

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