

**MEDICAL TREATMENT & RELEASE OF LIABILITY**

Each Participant Must Sign and Complete This Form.

Forms Must Be Turned in with Registration Form.

I, the undersigned parent or legal guardian, grant permission for my son/daughter \_\_\_\_\_ hereinafter referred to as "participant," to participate in **Hephatha Lutheran School Sports**. In order that participant may receive the necessary medical treatment in the event of an injury or illness. I hereby agree to any such medical treatment and hold **Hephatha Lutheran School** and its representatives harmless in the exercise of this authority. I acknowledge and understand that participant may sustain physical injury and/or illness by participating in the **Hephatha Lutheran School Sports**. I further assume the risk of such injury and or illness and agree to participation.

I agree to indemnify and hold harmless the **Hephatha Lutheran School** including but not limited to all representatives, all staff personnel, and all administrators for any injury and or illness sustained by participant during the course of the School Sports. I further release **Hephatha Lutheran School** from any medical legal cost which may arise due to injury and or illness sustained by participant.

*Participant's Signature* \_\_\_\_\_

*Parent Guardian Signature* \_\_\_\_\_

*Age:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Home Phone:* \_\_\_\_\_

*Work/Emergency Phone:* \_\_\_\_\_

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

*City, State, Zip Code:* \_\_\_\_\_

*Insurance Co.* \_\_\_\_\_

*Known Medical Conditions:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_ -

Please list on the backside of this form, any medication this participant is allergic to or is currently taking. If participant is on any medication, please make sure they bring their medication and take the prescribed dosage needed.