



**RELEASE OF LIABILITY/INSURANCE FORM (PERMISSION SLIP)**

LexCOG Sponsored Event: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell: \_\_\_\_\_

I release Lexington Church of God (LexCOG) from all responsibility involving any accident or injury that may occur to, from, and during the above event. LexCOG will not be held liable under these conditions. In the event of an emergency requiring medical attention, I give permission for my child/children to be treated by emergency personnel.

I further understand that, for the safety of all those present, the rules and guidelines for the event must be adhered to. I also understand that if my child chooses to go against the rules and regulations, he/she will be asked to leave the event and return at the parent's/guardian's expense.

**YOUTH INFORMATION** (Please print clearly)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: Home#- \_\_\_\_\_ Work#- \_\_\_\_\_ Cell#- \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

\*\*Required for youth 18yrs. and below. This form MUST be completed in order to participate. \*\*