



# Madison Park christian church

## Discipline, Liability, & Medical Release Form

This form is valid for Madison Park Events and Paintball activities  
between June 1, 2020 and May 31, 2021.

Please check which option best describes your attendance:

Student

Sponsor

**Participant:** Name \_\_\_\_\_  Male  Female

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

Participant E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

H.S. Graduation Year \_\_\_\_\_ Group Leader's Name \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies & Reactions \_\_\_\_\_

Medications Currently Taking \_\_\_\_\_

**Parents/Legal Guardians:** Name (with whom you live) \_\_\_\_\_

*Emergency Contact Information of Parents/Legal Guardian:*

Cell Phone(s) \_\_\_\_\_ E-mail \_\_\_\_\_

*Person to Notify if Parent/Legal Guardian Cannot Be Reached:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this program. The individual identified on this form understands that all participants are expected to abide by the program rules and be directly responsible to the program director, the Madison Park Christian Church group leader, and Dale & Suzi Wilson (1977 E 1175th St, Mendon, IL 62351-2003). Madison Park Christian Church and Dale & Suzi Wilson (1977 E 1175th St, Mendon, IL 62351-2003) assume responsibility for discipline at the program, and if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless Madison Park Christian Church, its employees and agents as well as Dale & Suzi Wilson (1977 E 1175th St, Mendon, IL 62351-2003) from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participated in activities associated with this program. I also release the lessor/owner of properties on which the program is held.

Further, I do authorize the minister or sponsor of this activity, any Madison Park Christian Church staff member, as well as Dale & Suzi Wilson (1977 E 1175th St, Mendon, IL 62351-2003) in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while at this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Madison Park Christian Church to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above \_\_\_\_\_

*(If Under 18 Parent/Legal Guardian Must Sign)*

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