



Consent for Medical Treatment/Waiver of Liability

Family Life Ministries
Wooster Nazarene
3100 Oak Hill Road
Wooster, OH 44691

The undersigned parent (guardian) of _____, a minor do hereby consent to said minor participating in activities with the Wooster Nazarene NazFIT Gym Days for the time period of October 2, 2020–May 13, 2021. The undersigned hereby waives all claims against said church of any injuries or illnesses that may be sustained by our said minor child and agree to indemnify and hold said church free and blameless from any liability therefore. I hereby consent to and grant the Wooster Nazarene Staff Leadership authority to act for us in any manner pertaining to the care and also control of our said minor child named above during the above referenced time period.

I further grant to any officially appointed adult volunteer sponsors from the church to consent to obtain any medical assistance that may be required for our said minor child during the above period of time.

PRINT _____
Parent/Guardian

X _____ Date: _____
Parent/Guardian

Home Phone: _____ Work Phone: _____

Insurance Company: _____

Insurance #: _____

Please list any allergies, medications being taken, medical problems, physical limitations or other pertinent information.
