

# Legal Waiver and Medical Release Form

The undersigned, being the parent(S) or legal guardian of the following children (must include full legal name of each):

\_\_\_\_\_, a minor, born on \_\_\_\_\_;  
\_\_\_\_\_, a minor, born on \_\_\_\_\_;  
\_\_\_\_\_, a minor, born on \_\_\_\_\_;  
\_\_\_\_\_, a minor, born on \_\_\_\_\_;

Print Parent/Guardian's Name Date

## LEGAL WAIVER

I agree prior to participating, I and the minor participant (actor) will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the administrators of such conditions.

I acknowledge and fully understand that each participant will be engaged in activities that involve risk of injury which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of conduct, or conditions of the premises or any of the equipment used. Further, that there may be risks not known to us or foreseeable at the time.

I assume all foregoing risk and accept personal responsibility for the damages following such injury. I, intending to be legally bound, do hereby release, waive, discharge and consent not to sue AGLOW (Actors Growing in Love, Obedience and Worship) Theater administrators, board, employees, interns or volunteers of the organization, other participants and Prairie Hill Evangelical Free Church, all which are herein after referred to as "releases" from any and all liability to each the undersigned, his or hers and next of kin for any claims, demands, losses or damages, on account of injury including death or damage to property, caused or alleged to cause in whole or part by negligence to the release of otherwise in connection with association or entry and/or arising in participation in activities led by Actors Growing in Love, Obedience and Worship Theater.

I hereby release all members of Actors Growing in Love, Obedience and Worship Theater of any and all liability resulting from medical treatment. I understand if medical attention is necessary and I am not present, AGLOW has my permission to call an ambulance to transport any family member I have listed above to the nearest medical facility for emergency medical treatment. I am responsible for all expenses incurred.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_

## Medical Release

I (we) request and authorize any physician, associates, assistants, agents and employees thereof, to provide any x-ray, examinations, anesthetic, diagnosis, medical, or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of such physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physicians to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent of the minor is unavailable to provide the necessary consent to treatment.

\_\_\_\_\_  
Signature Daytime phone number Parent/Guardian

**Please print the following Health information:** Person(s) to contact in case of non-medical emergency when you are not available:

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

Health Insurance Company: \_\_\_\_\_

Contract #: \_\_\_\_\_ Group # \_\_\_\_\_

Describe any medical or general information that would be helpful in the care of your child(ren).

List any medications and/or allergies that your child(ren) may need/have.

**Please list any additional medical concerns on the back of this form.**