

YOUTH GROUP AND MEDICAL RELEASE FORM

FUSION North Palm Baptist Church

I give _____ permission to attend **NIGHT OF JOY CONCERT** with the North Palm Baptist Church from **September 09 – 11, 2016 at Orlando, Florida.**

I/We understand all reasonable safety precautions will be taken at all times by North Palm Baptist Church and its leaders during the event and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold North Palm Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name: _____ (signature)

_____ (print)

Emergency Contact Name: _____

Phone #: _____

Emergency Contact Name: _____

Phone #: _____