



Responsibility Release and Medical Authorization Form

Volunteer's Name: _____

Name of Group Traveling with _____

IF UNDER 18 YEARS OF AGE, PLEASE FILL OUT THE FOLLOWING

Parent or Legal Guardian's Name: _____

Emergency Phone Numbers: Day _____ Evening _____
Other _____

The parent or legal guardian assumes all responsibility and liability for any illness, disease, infirmity or alteration in physical condition sustained by any person for any reason whatsoever. The group's leaders, counselors, and/or staff assume no responsibility or liability for any illness, disease, infirmity or alteration in physical condition sustained by for any person for any reason whatsoever. In the event that it becomes necessary, advisable, or for any reason whatsoever to alter the itinerary or arrangement, such alterations may be made.

I hereby give my permission for my son or daughter to be involved in the Dan Moran Ministries, Inc event on _____ (dates, including travel time).

I, the legal participant or legal parent/guardian of the above minor, hereby release the following agencies, organizations, and their staff, volunteers or representatives: Dan Moran Ministries, Inc. and _____ from any and all liability in case of accident or illness, and authorize any medical care deemed necessary by accredited physician, nurse, paramedic, or hospital while involved in the activity.

THE SIGNING OF THIS FORM BY THE PARTICIPANT, PARENT, OR LEGAL GUARDIAN SHALL BE DEEMED CONSENT TO THE ABOVE CONDITIONS.

Participant if 18 or over

Parent or legal guardian if under 18 yrs.

Health Insurance Provider

Policy Number