



**MEDICAL RELEASE FORM (Children & Youth)**  
Calvary Chapel of Boise, Inc.

#1) Child's Name: \_\_\_\_\_

Special Medication Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergic Reaction to Medications: \_\_\_\_\_

Other Health-Related Needs: \_\_\_\_\_

#2) Child's Name: \_\_\_\_\_

Special Medication Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergic Reaction to Medications: \_\_\_\_\_

Other Health-Related Needs: \_\_\_\_\_

#3) Child's Name: \_\_\_\_\_

Special Medication Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergic Reaction to Medications: \_\_\_\_\_

Other Health-Related Needs: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ AGENT: \_\_\_\_\_

INSURANCE CARD #: \_\_\_\_\_ INSURANCE POLICY#: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S PHONE#: \_\_\_\_\_

***In the event of a health-related and/or medical emergency (accident, injury, sickness, etc.), I hereby give permission for any and all medical attention to be administered to my child(ren) under the direction of Calvary Boise and/or its designated representatives. I also assume the responsibility for the payment of any such treatment. This release is effective for a period of one year from the date listed below. This release is made as the free and voluntary act of the undersigned and has not been induced by any promise, agreement, or representation by Calvary Chapel of Boise.***

Parent (Printed Name): \_\_\_\_\_ Date: \_\_\_\_\_

Parent (Signature): \_\_\_\_\_



**RELEASE OF LIABILITY  
AND INDEMNIFICATION AGREEMENT**

Calvary Chapel of Boise, Inc.

The undersigned (and his or her family members named below, if any) intends to engage in various activities in connection with Calvary Chapel of Boise, Inc., an Idaho nonprofit corporation (Calvary Boise). By signing this agreement, I agree for myself (and for the members of my family named below, if any) to the following:

- 1. I hereby release Calvary Boise and all of its pastors, employees, agents, members, and representatives from any and all claims for liability for personal injury or property damage of any sort.
- 2. I understand that this Agreement constitutes a release of future liability, as well as existing liability.
- 3. I also agree to indemnify Calvary Boise and its pastors, employees, agents, members, and representatives from any and all liability which may arise out of my involvement and/or the involvement of my family members named below, in any activity carried on by or in conjunction with Calvary Boise.
- 4. This release is made as the free and voluntary act of the undersigned and has not been induced by any promise, agreement, or representation by Calvary Boise.
- 5. My family members, if any, who are covered by this release and indemnification are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 6. I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_