



LIABILITY & MEDICAL RELEASE FORM - 2019

Tonganoxie Christian Church • 204 Washington Street • Tonganoxie KS 66086

Please fill out all information as completely and accurately as possible. Please use legally applicable information.

Full Name _____ Date of Birth ___/___/___ Gender: Male Female

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Name of parents/guardians (if a minor): _____

Medical Insurance Company: _____ Policy Number: _____

Known Allergies and Reactions:

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in the events of Tonganoxie Christian Church within their ministries. The individual identified on this form understands that all students are expected to abide by the Program rules and be directly responsible to Tonganoxie Christian Church and its authorized leaders. Tonganoxie Christian Church and its authorized leaders assume responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Tonganoxie Christian Church and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Tonganoxie Christian Church. I also release the lessor of properties on which the event is held. I agree to pay for any damages to lessor facilities as determined by Tonganoxie Christian Church, including any keys not returned at the time of group check out. I understand that neither TCC nor the Lessor will bear any liability or responsibility for property of the above named which is damaged, stolen, or lost during the event.

Further, I do authorize the minister or sponsor of this activity, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said individual is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Individual Named Above: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____ Date: _____

Person(s) to notify if you can't be reached:

Name: _____ Relationship: _____ Phone: _____

Parent/Legal Guardian Phone: _____ Email: _____

Ministers on Staff: Ross Frisbie (Senior Minister), Steve Howell (Adult Ed), Jeremy Albert (Creative Arts), Mitch Myer (Youth), April Swang (Children's)

Tonganoxie Christian Church • 204 Washington St • Tonganoxie, KS 66086 (913) 845-2821 www.tongiecc.org Updated: 1/16/19