

Sa-Rang community Church Korean High School Ministry
Liability Release Form



Student Information

Name _____ Age _____ Date of Birth _____

Parent/Guardian Name _____ Phone Number _____

EVENT Details

Event Name

Event Date

-

Event Time

Event Location

Event Fee

Contact

GENERAL RELEASE WAIVER

I/we hereby release Sa-Rang Community Church, its employees, directors, volunteer staff from any and all liability whatsoever arising out of any injury, damage, or loss which may be sustained by the applicant named on this form during their participation with the above stated Korean High School Department function/event.

In the event of an injury, illness, or accident, I/we hereby give the Sa-Rang Community Church staff permission to secure necessary medical treatment, and I relieve Sarang Community Church of any and all liability in such an event.

MEDICAL RELEASE WAIVER

The undersigned also gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes.

Applicant's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Medical Information

Health Insurance Company _____

Policy Number _____

Name of Insured _____

Family Doctor _____

Phone _____

[] 이 박스에 체크함으로 저는 위에 타이핑 된 제 이름이 전자 서명과 동일함을 인정합니다.