## Northstar Church Family Release Form:

Release of liability: As a parent or guardian, I do herewith authorize and release the following person(s) to be transported to and from a church event in a personal vehicle or other authorized transportation.

I agree not to hold Northstar Church and/or its caregivers liable for any accident or injury that might occur. In the event of an accident, I do hereby release Northstar Church and its authorized drivers from any liability.

I authorize the treatment of a qualified and licensed medical doctor to the following person(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue comfort if delayed.

For each Family: I agree not to hold Northstar Church and/or its caregivers liable for any accident or injury that might occur while on Northstar Church properties or on a planned, supervised activity away from the church. I agree not to pursue any legal action should an accident or injury occur.

Parent(s)/Guardian(s) of Family:			
Minor:	Date of Birth:	M F	
Minor:	Date of Birth:	M F	
Minor:	Date of Birth:	M F	
Minor:	Date of Birth:	M F	
Address:		_ Phone #	
My signature also serves to indica rendered for the above named pa company: medical fees and services should	rticipants. My signature Polici	also serves to indicate my wil	lingness for my insurance to be billed for any and all
Family Doctor:	PI		
List Allergies, Chronic Illness, or o	other conditions:		
Contact Person in case of emergency:		Phone # _	
Parent/Guardian Signature	Date	 Witness	
Notary Public required for this for	m	(	)
		Per	sonally known to me:

Produced identification: