

Louisa Christian Church
Louisa, VA 23093

Permission/Waiver Form

Participant Information

Name of Adult Participant _____ DOB ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Medical/Health Insurance Information

Medical Doctor _____ Phone Number _____

Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

Any Medical Problems/Allergies/Medications _____

Other Medical/Dietary Information _____

Emergency Contact _____ Phone Number _____

Release of Liability

I am physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities. I release Louisa Christian Church, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to myself during the course of these activities. I further agree to indemnify and hold harmless Louisa Christian Church and its affiliates, volunteers, and employees of any and all claims arising from my participation in activities or as a result of injury or illness of myself during such activities.

I have read the Permission/Waiver Form and am fully aware with the contents thereof. I give permission for myself to fully participate in the activities of Louisa Christian Church.

Signature of Participant _____

Date _____