



RELEASE OF LIABILITY FOR YOUTH MINISTRY

I, \_\_\_\_\_, give \_\_\_\_\_
(parent or guardian) (name of minor)
permission to attend a Youth Aglow function at \_\_\_\_\_
(location)

I, the undersigned, do release and hold harmless Youth Aglow; Aglow International, Inc. (a non-profit, non-denominational organization); its officers, directors, employees, agents, affiliates or subsidiaries; and/or, \_\_\_\_\_ the representative thereof, from any and all liability or claims arising out of the above said event regardless of negligence.

This release shall apply to any time during \_\_\_\_\_ or during transportation to/from said event.
(date of event)

Parent or Guardian (Husband) Date
Parent or Guardian (Wife) Date

MEDICAL INFORMATION

Please list any medications you are currently taking: Please list any allergies you have:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Other pertinent information: \_\_\_\_\_
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_
Phone ( ) \_\_\_\_\_

EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_
\_\_\_\_\_