

**Gateway Summer Camp**  
**Emergency Medical Authorization and Liability Waiver**

Child's Name: \_\_\_\_\_ M F  
\_\_\_\_\_ M F  
\_\_\_\_\_ M F  
\_\_\_\_\_ M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

The undersigned is the parent or guardian of the child/children whose name is listed above. The undersigned gives permission for the child/children to participate in activities.

The undersigned recognizes that activities may involve the risk of injury to persons or property. Such injuries include, but are not limited to, cuts, contusions, bruises, sprains, fractures, or death of the child/children. The undersigned expressly assumes the risk of injury, death, or property damage as a result of the activity.

In the event of medical emergency, Gateway Community Church is authorized to obtain emergency medical care and treatment of the child/children, including transportation to a licensed medical facility. Gateway Community Church shall notify the undersigned immediately concerning any such emergency. All costs and expenses resulting from a medical emergency shall be borne exclusively by the undersigned.

The undersigned agrees to indemnify and hold Gateway Community Church harmless from any claims, suits, liabilities, judgments, settlements, damages, costs and expenses, including reasonable attorney's fees, resulting from the injury, death, or property damage suffered as a result of the described activity.

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Holder's Name: \_\_\_\_\_

**Please list any allergies or medical conditions:** \_\_\_\_\_

Emergency Contact (In the event parents cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_