MINOR RELEASE FORM

Activity. Winter Jam – February 11, 3pm – 12am @ 125 5 Pennsylvania 5t, indianapolis, in 46204		
Sponsor: EastPointe Bible Church, Peru, IN		
Name of Minor		
Address		
Name of Parent or Guardian		
Address		
Home Phone		Business Phone
Emergency contacts other than parents or guardians		
1. Name	Cell Phone	Hm Phone
2. Name	Cell Phone	Hm Phone
representatives. I further agree that any claim or dispute arising from or relating to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the <i>Rules</i> of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. Medical Release : In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.		
Family Physician	Wk Phone _	
Medical Insurance Company		
Pertinent medical information (diabetes, allergies, etc.)		
publications including web space ar No identifying information will be int will make no monetary or other clair Follow-up: I give permission for the	minor children listed a nd all other media now entionally displayed b m against EastPointe t e leaders of Young Ad	bove. This use includes any and all and hereafter controlled by EastPointe. y EastPointe unless otherwise noted. I for use of the photographs or video.
Signature		Date

☐ YES ☐ NO

☐ YES ☐ NO