

THSC State Convention and Family Conference Medical Waiver – CHILDREN ages 4-12

Child's Name _____

Allergies/Other Information _____

Child's Name _____

Allergies/Other Information _____

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Child's Name _____

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Medical Release / Hold Harmless Agreement

I, the undersigned (parent or guardian) agree to hold harmless from any liability the Texas Home School Coalition Association, Children's Ministries of Texas, and any other participants, planners, volunteers, or persons involved with the 2009 Children's Program, Special Buddies Program, and/or Teen Staff Program arising from injury or sickness sustained by my child(ren) during their participation in this year's event.

In addition, I agree to release my child(ren) to any needed first aid or emergency treatment that appears to be necessary and understand that I will be contacted as soon as is reasonably possible in the event of any serious injury to my child(ren).

I have carefully read this release of liability and medical consent form, understand it and willingly agree to its contents.

Parent's Name (please print) _____

Parent's Signature _____

Cell Phone (_____) _____