



CRASH ministries Emergency Release From:

Event Name: _____

Date/ Time of Event: _____

Student's Name: _____ Age: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

I give permission for my above named student to join College Hill Presbyterian Church youth ministry, CRASH for the currently listed event. I release CHPC responsibility and liability for any injury or illness that my child may sustain during this activity. I authorize Tony Buxsel or the activity leader as agent for me to consent to any emergency medical treatment; and hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state of Ohio. I expect to be contacted as soon as possible in such an emergency.

Parent or Guardian's Signature *Date*

Emergency contacts:

Name: _____ Number: _____

Name: _____ Number: _____