

RELEASE FORM – Trail Life
(One form needed for each individual)

Boy's Name: _____

Birth Date: _____ Age: _____

Home Address: _____

Email: _____

Home Phone: _____

Father: _____ Work Phone: _____

Cell Phone: _____

Mother: _____ Work Phone: _____

Cell Phone: _____

Health Insurance Carrier: _____

Policy Number: _____

By signing this release form I acknowledge that I understand as in any field trip, injuries may occur. I will not hold Chesapeake Christian Fellowship, any Trail Life director, staff, operator, or their parents/guardians responsible for any injuries that may occur as a direct result of participation in weekly meetings, activities, trips, or any other functions of Trail Life, Troop 1776.

This includes any activity, function, and individual transportation to and from, whether it takes place on church property or an outside activity, whether before, during, or after activities. If there are any medical conditions that the staff should be aware of, please list them below. In the event of an emergency and the inability to contact the parent/guardian, this also gives us permission to act in the child's best interest if medical attention is necessary. This release shall be perceived to be legally binding in all aspects of the law.

Please list any allergies, physical, or mental concerns:

Signature: _____

Date: _____