

AirSoft Release Form

Harvester Church of the Nazarene

Please print in ink

Name: _____ Age _____ Birthdate _____ Year in school _____

Male Female Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Medical insurance company _____ Policy # _____

Parent/ Guardian name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

For your information, we expect each participant to conform to these rules of conduct

No close range firing at other people

No fighting, or innapropriate conduct

No offensive language

SAFTY GEAR MUST BE WORN AT ALL TIMES WHILE ON THE FIELD OF PLAY

Respect all People and Property

Students who fail to comply with these expectations will not be allowed to participate in airsofting activities.

I, the fore mentioned student, have read and understand the rules of conduct. I agree to abide by the stated personal limitations and code of conduct. I understand that failure to follow these guidelines will result in castigation.

Student signature: _____ Date: _____

_____ has my permission to participate in airsofting activities
NAME OF STUDENT
sponsored by Harvester Church of the Nazarene from to June 29, 2010 to June 29, 2011.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Harvester Church of the Nazarene, its staff and volunteers of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Harvester Church of the Nazarene. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Harvester Church of the Nazarene, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by agents of Harvester Church of the Nazarene, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided on this sheet is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

Parent/guardian signature: _____ Date: _____

RLM
REAL LIFE MINISTRY

Harvester Church of the Nazarene

Pastor Robby Patton PastorRobby@Harvesternazarene.com 636-441-7997- church office 636-875-0478 - cell