

**Permission and Medical Release Form**  
of  
**Gold Canyon Community Church**

5301 S. Superstition Mountain Drive  
Suite# 104 PMB 351  
Gold Canyon, AZ 85218  
(480) 288-5600

Event: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

to attend the above mentioned event. I also give permissions for the leaders, employees and volunteer staff, etc. to act upon their best interest in case of accident or injury, including medication, injection, surgery, or hospitalization.

In consideration of Gold Canyon Community Church permitting my child to participate in the above mentioned event, I hereby for myself, my heirs, administrators and assigns waive and release any and all rights and claims of any nature I have against Gold Canyon Community Church and any organization connected with this event, their representatives, successors and assigns for any and all injuries or damages of any nature which my child may suffer while taking part in any activities connected with this event.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Names of Parents/Guardians (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

Any Medical Concerns Please List below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_