



common ground

**Common Ground Liability & Medical Release Form**

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**Common Ground Christian Church – 4207 North Boulevard Tampa, FL 33603 813.232.1400 (P) 813.232.1499 (F)**

**Participant:**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Known Allergies and Reactions \_\_\_\_\_  
Current Medications \_\_\_\_\_

**Parents/Legal Guardians:**

Name (with whom you live) \_\_\_\_\_  
Emergency Contact Info of Parent/Legal Guardian:  
Cell Phone \_\_\_\_\_ Parent(s) email \_\_\_\_\_  
Person to notify if parent/legal guardian cannot be reached:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Common Ground event. The individual identified on this form understands that all participants are expected to abide by the rules and be directly responsible to the leaders of Common Ground. The Common Ground Staff assumes responsibility for rule enforcement at the program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless Common Ground and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Common Ground Christian Church. I also release the lessor/owner of properties on which the program is held. I agree to pay for any damages or property loss as determined by Common Ground or campus officials.

Further, I do authorize the minister or sponsor of this activity or any Common Ground staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while involved in this program. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Common Ground to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

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Signature of Participant Named Above \_\_\_\_\_  
(If under 18 parent or legal guardian must sign)  
Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of the Parent/Legal Guardian \_\_\_\_\_

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From time to time, Common Ground uses the information above to update parents regarding ministry successes and opportunities. If you prefer to NOT receive these updates, fill in the blank by writing "No Thanks." \_\_\_\_\_