

AHE Medical Release Form

Date

Name

Address

Parent's/Guardian's Email Address

City

State

ZIP

(_____)



Phone

Male

Female

Age

Grade

(_____)

Parent's/Guardian's Name

Parent's/Guardian's Phone

My child has no physical conditions that will keep him/her from participating in the full range of activities being planned. I authorize the sponsors of this event to act for me according to their best judgment in any emergency requiring medical attention. I understand that Bob Jones University is not responsible for any expense incurred because of an injury or illness.

Signature of parent or guardian (signature required)