

**STS. PETER & PAUL GREEK ORTHODOX CHURCH
OCF Registration & Activity Consent Form**

Name _____ **Goes By** _____

Birthdate _____ School _____ Year _____

Email _____ Phone _____

Emergency Contact 1 _____ Relation _____ Phone _____

Emergency Contact 2 _____ Relation _____ Phone _____

Insurance Carrier _____ Policy Number _____

Important allergies, medications, or medical conditions we should know about _____

AUTHORIZATION FOR CONSET FOR TREATMENT & LIABILITY WAIVER FORM:

I hereby authorize and consent to X-ray examination, or surgical diagnosis rendered under the general or special supervision of any licensed personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician. In recognition of the possible dangers to myself, I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, employees of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Denver, and Sts. Peter & Paul Greek Orthodox Church of Boulder, for any personal injury that may occur at or during Church sponsored OCF activities. Nor shall they be liable for any personal injury to myself occurring during the transportation to and from activity location(s).

I hereby understand that any medical expenses incurred due to personal injury or illness is my financial responsibility and not that of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Denver, and Sts. Peter & Paul Greek Orthodox Church of Boulder.

Signature

Date