



@4daysdetroit



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Medical and Media Release

Group leaders: Each attendee in your group must print and complete this form.

Forms may be bundled and mailed together by group.

Parents/Guardians: By filling out this form, you agree to the following:

- *I agree to allow* use of any media coverage taken during this event for future promotions and publications by Courage Church, HopeWorks, or the Assemblies of God Michigan District, without further notification.
- *I also give permission* for my child to attend 4Days.
- *I also authorize* consent to emergency medical or surgical treatment of my child. I also agree to pay for the performance of such treatment, anesthetics, and operations as deemed necessary in the opinion of the attending physician.

Printed name of student _____

Group Leader Name _____

Parental authorization is required for emergency medical treatment. No physicals needed.

Should you have no insurance provider, please indicate "none" on the policy # line.

Printed name of parent/legal guardian/authorized person _____

Signature of person named above _____ Date _____

Insurance Provider _____

Policy # _____ Name of Insured _____

"I agree to obey the standards and guidelines for students."

Student's signature _____ (required)

Please print and mail completed form to

Courage Church, Attn: 4Days

1953 Military St

Detroit MI 48209