



Medical Release Form

Name of Participant _____

Your relationship to the Participant: Self Parent Legal Guardian

Please initial the statements below:

_____ I acknowledge that above said participant is attending the Sonlife Classic SEMP Event at Moody Bible Institute in Chicago, Illinois and participant will not have medical insurance coverage while attending the event.

_____ I certify that above participant does not have any ongoing medical conditions that would prevent him/her or cause problems for him/her while attending said event.

_____ I acknowledge and understand that should medical attention be necessary for above said participant, I will be responsible for all payments for any medical expenses as necessary.

In signing this form, I release Sonlife Classic, its directors, and employees as well as, all other involved parties from any claims or responsibility for injury suffered while attending this event. I knowingly assume all risk associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my participation.

Signature of Participant*

Date

*if participant is under the age of 18, the parent or legal guardian must sign as the party taking responsibility for participant.

Please send or fax this signed document to Sonlife Classic (address/fax below). Your application will not be approved until this document is completed and received by Sonlife Classic.



P.O. Box 3242 | Bloomington | Illinois | 61702 | (309) 807-2459 (P) | (309) 354-4225 (F)