

2026 LIFECYCLES MEDICAL RELEASE AND PERMISSION FORM

PERSONAL INFORMATION

Participant _____ Age _____ DOB _____ Cell # _____

Address _____

Mother's name _____ Cell # _____

Father's name _____ Cell # _____

Email address _____

Emergency contact _____ Relationship _____ Cell # _____

Church affiliation (if applicable) _____

PHYSICIAN AND INSURANCE INFORMATION

Physician _____ Phone _____

Insurance Company _____ Policy Number _____

MEDICAL INFORMATION

List any known allergies and reactions _____

List all prescription medicines your child takes, with dosages:

For what conditions? _____

List any major illness or injuries in the last year _____

Is there anything else we should know to best serve your child? _____

PARENTAL RELEASE

In an emergency, illness, injury, or accident requiring immediate medical attention, I give my permission to *LIFECYCLES* leaders, its representatives, and all attending health care professionals for my child, _____, to administer medical treatment, to hospitalize, anesthetize, or perform surgery. I understand that every effort will be made to contact me before these actions are taken. I, _____, the undersigned, do release, acquit, discharge damages or liabilities arising from the treatment of any illness, injury, or accident incurred during my child's participation in these activities. It is the intention of this release that the above *LIFECYCLES* leaders and representatives incur no liability while attempting to meet all medical needs that my child may require during these activities. I agree to the following:

- I am legally responsible for the above identified participant.
- I understand that bicycling is a high adventure and a high risk activity.
- I grant full permission to participate in these activities.
- I must submit written permission for my child to ride/walk to or from any *LIFECYCLES* activity
- I grant permission to use photos or videos of my child in *LIFECYCLES* printed material and social media
- I agree to indemnify and hold harmless *LIFECYCLES* officers, directors, members and volunteers for any claim by any person on account of such care and treatment of said child.

Parent/Guardian Signature _____ Date _____