

# AHE Medical Release Form

2009–2010

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Name

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Address

Email

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City

State

ZIP

(            )

Phone

Male

Female

Age

Grade

(            )

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Parent's Name

Parent'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 judgement 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.

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Signature of parent or guardian (signature required)