

# 2010 MEDICAL RELEASE FORM

121 Community Church Student Ministry

*Authorization for Treatment, Release of Claims, and Acknowledgement of Risk*

## **PARTICIPANT INFORMATION**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

Parent/Guardian Name(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

## **MEDICAL INFORMATION**

Name of insurance company under which student is insured: \_\_\_\_\_

Name of Primary Subscriber: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Phone number of insurance company: \_\_\_\_\_ Date of last tetanus/booster: \_\_\_\_\_

Please list any medications student takes on a regular basis:

\_\_\_\_\_

Please list any medications to which student is allergic:

\_\_\_\_\_

Please list any other allergies student has (food, insects, natural elements, etc.):

\_\_\_\_\_

Please list any other special instructions:

\_\_\_\_\_

## **RELEASE OF CLAIMS AND ACKNOWLEDGEMENT OF RISKS**

By this agreement, I, \_\_\_\_\_ (parent/guardian name) voluntarily release and agree to exempt 121 Community Church (hereafter 121CC), its agents, employees, volunteers, and all other persons or entities acting in any capacity on its behalf, from any claims, demands, causes of actions, or liability for personal injury, property damage, or wrongful death of \_\_\_\_\_ (student's name) which are in any way connected with my child's participation in any activity, observance or use of 121CC facilities or equipment, or engaging in or receiving instructions in any activities related to 121CC, including any such claims that are caused by any act of negligence.

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I hereby grant permission for \_\_\_\_\_ (student's name) to participate in 121CC events, programs, and activities as part of the 121 Student Ministry during 2010, and I hereby agree as follows:

I understand that 121CC has difficult jobs to perform. They seek safety, but they are not infallible. They might not be aware of a participant's fitness or abilities. They may give insufficient warnings or instructions, and any equipment being used might malfunction. I expressly agree and promise to accept and assume all the risks existing in activities occurring as a result of events, programs, and activities under the implementation of 121CC. My child's participation in any activity is purely voluntary, and my child elects to participate in spite of the risks, some of which may involve dangers and risk of bodily injury. I certify that I have insurance to cover injury or damage my child may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that my child has no medical or physical conditions that could interfere with their safety, or else I am willing to assume and bear the cost of all risk that may be created, directly or indirectly, by any such conditions. Furthermore, should it be necessary for my child to return home for disciplinary reasons, I hereby assume responsibility for all transportation costs.

## **RELEASE OF CLAIMS AND AUTHORIZATION FOR TREATMENT**

I, the undersigned, for and on behalf of my child give consent to any x-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician and/or surgeon and/or dentist. I also assume personal responsibility for all medical bills and do certify that I have secured primary medical insurance. Further, should it be necessary for my child to return home for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

By signing this release and authorization, I acknowledge that if my child is hurt or any property is damaged during their participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against 121CC on the basis of any claim from which I have released it herein. I have had sufficient opportunity to read this entire release and authorization, and am fully aware of and understand the terms and the legal consequences of the signing of this release, and agree to be bound by its terms. The undersigned parent or legal guardian intends his/her signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law and if any portion of the release and/or authorization is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## **NOTARY PUBLIC**

On this date, the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal on this date (\_\_\_\_ / \_\_\_\_ / \_\_\_\_).

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_.