

Fellowship of Praise Church

Student/Child Medical Release Form

Event Name

Event Date(s)

Name (Last, First)

Birth Date

Home Phone

Street Address, City, State & Zip

Gender

Grade

Parent/Guardian Names

Phone # **DURING THE EVENT**

2nd Emergency Contact (name/relationship)

Phone # **DURING THE EVENT**

Student's Physician & Phone

Insurance Covering Student

Insurance Policy Holder Name

Policy Number

Does your student have any allergies or medical conditions? Please list them:

Is your student currently taking any medications? Please list them and instructions:

PLEASE READ CAREFULLY - RELEASE MUST BE SIGNED

Emergency Authorization (from above)

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the staff, leaders, assistant leaders or chaperones attending this event acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

Waiver of Liability and Disclaimer

I the parent, or guardian, of the above named individual acknowledge that participation in energetic youth activities and/or events necessarily involves risk of physical injury. I further acknowledge that the programs of the Student/Children's Department are primarily administered by volunteers, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Fellowship of Praise Church, their employees or those supervising the event responsible from any claims arising out of or relating to any physical injury or material loss that may result to said individual while participating in the event listed below, including physical injury by negligence of any volunteer or representative while supervising or chaperoning any event. I understand that adequate precaution will be taken for the safety of my child at all times. I also consent for my child's picture or likeness to be used in promoting this event or other Fellowship of Praise events, including but not limited to the Fellowship of Praise website.

Pick-up Policy

I understand that my child's failure to abide by the rules set out by Fellowship of Praise Church will result in my being called, told to pick-up my child immediately, and the dismissal of my child from the event without the possibility of a refund. I have discussed this consequence with my child. Finally, I agree to arrive on time to pick-up my child from this event.

Parent/Guardian Signature (if 18 & under)

Child/Student Signature

Office Use Only:

Date

Event Total Paid

Outstanding Balance

Check# Initials