COMMUNITY HARVEST CHURCH

STUDENT PARTICIPATION WAIVER

Participant Name: _____

Phone Number: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian(s): _____ Phone Number: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____ Relationship: _____

We, the undersigned parent/guardian of the above named participant, grant permission for participation in: ***ALL COMMUNITY HARVEST/ 180 STUDENT MINISTRIES ACTIVITIES.***

We have been properly advised of all possible activities and can attest to the participant's physical and mental ability to participate.

We understand that stated activities could hold the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We present to you that we and the participant assume the risk of any such injury or death, and withhold you, your agents, employees, representatives and volunteers from any liability of sustained injuries or death of the participant while engaged in stated activities and agree to indemnify you against any claim or liability asserted for any such injury or death of the participant. We submit to you that the participant will secure themselves during any and all transportation.

We also indemnify you, your agents, employees, representatives and volunteers from all liability as a result of the conduct of the participant in any activity and agree to defend and indemnify you, your agents, employees, representatives and volunteers against any claim or liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you deem advisable for the health and well being of the participant.

Furthermore, we authorize you to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office or said physician or at a hospital.

COMMUNITY HARVEST CHURCH

MEDICAL INFORMATION

Is the participant currently taking any medication? Yes or No (please circle one)

If yes, please list & provide dosage information._____

_____

Is the participant capable of self-administering their medication? Yes or No (please circle one)

Does the participant have any medical conditions of which we should be aware? (i.e. allergies, etc)

_____

_____

Is the participant covered under personal/family medical insurance? Yes or No (please circle one)

If yes, please provide the name of the insurance company, policy number & group number.

_____

Note: If any significant changes in participant's health status should occur at any time it is your responsibility to notify the church in writing so that our information may remain current and be properly filed with participants release form.

I understand this release form and do hereby authorize the participant to be transported by Community Harvest Church / 180 Student Ministries. This authorization shall remain effective indefinitely upon signature date, unless sooner revoked in writing and delivered to said agents.

CONSENT & AGREEMENT

Parent/Guardian(s) Signature: _____

Participant Signature: _____

Date: _____

Staff Signature: _____