Fall Retreat

The Rock Student Ministry

Medical Release Form

Health Insurance Co: _____

Policy No: _____

Phone: _____

Family Physician: _____

Phone: _____

Medical Insurance Waiver (Only for those without medical insurance)

_____ has no medical insurance.

Student's Name

I/we, _____ accept full responsibility

Parent or Legal Guardian

Parent or Legal Guardian

For Student's medical expenses incurred as a result of an accident or injury that occurs during a Church on the Rock Michiana sponsored activity.

_____ _____

Parent or Guardian's Signature Date

Prescription Meds

Medicine:	Schedule:

Liability / Medical Release

I am the parent or legal guardian of the student named above, a minor, and have given consent for him/her to attend this Event being organized by Church on The Rock Michiana its agents, employees, volunteers, or representatives (collectively referred to hereinafter as the "Church"). I acknowledge that there are inherent risks involved in the (**Fall Retreat)** to the Student and/or parents/guardians (collectively referred to herein as the "Student") and may result in **various types of injury including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage from the event's included activities.**

In consideration for the opportunity to participate in the activities, I voluntarily acknowledge and accept and assume all risk of damages and injury incurred or suffered by the Student while participating in or being transported to or from the events organized by the Church, **including (Fall Retreat)**

By signing this form, I, the parent/guardian release and promise to indemnify, defend, and hold harmless the Church for any injury arising directly or indirectly out of the described activities or transportation to and from the Activity, whether such injury arises out of the negligence of the Church, the Student, or otherwise. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also agree to bring my child home at my expense should he/she become ill or if a student ministries staff member deems it necessary for behavioral or other reasons.

If a dispute over this agreement or any claim for damages arises, the Student agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Student and the Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I understand that this form does not guarantee my student a spot on the aforementioned trip; rather it enters them in the registration process. I agree deposits are not refundable except in the event of emergency cancellation (i.e. death in the family, illness).

Photo Release

During this event, your likeness may be recorded or photographed. Your involvement in this event constitutes your permission for Church on the Rock Michiana and its ministries to continuously use any image or recording for any future purpose without remuneration.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

_____ _____

Parent or Guardian's Signature **Date**

_____ _____

Student's Name **Date**