



# REDEMPTIONSTUDENTS

## 2019 MEDICAL RELEASE

**THIS FORM IS FOR ALL 2019 STUDENT MINISTRY  
ACTIVITIES, EVENTS, RETREATS AND TRIPS.**

PERSONAL INFORMATION	
STUDENT'S FULL NAME	
ADDRESS	
CELL	
D.O.B.	
GUARDIAN'S NAME	
GUARDIAN'S CELL	
GUARDIAN'S EMAIL	
GENDER	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CAMPUS	<input type="checkbox"/> WEST <input type="checkbox"/> NORTH

### PERMISSION

- I do hereby verify the information given on this form is correct.
- I do hereby give permission for my above-named child to participate in and to be transported to and from **ALL** activities, events, retreats, or trips sponsored by the Student Ministry of Redemption Church, Saraland, AL during 2019.
- I understand that this permission form/release will apply to all planned activities, events, retreats, or trips sponsored by the Student Ministry of Redemption Church during the 2019 year.
- I understand that, in the case of an emergency, Redemption Church employees, agents and/or sponsors will make every effort to contact me and/or the contact person named below.
- Should the named contact person, or myself, be unavailable to make decisions regarding my child's care, however, I do hereby grant permission for Redemption Church

employees, agents, and/or sponsors to obtain emergency medical attention in case of sickness or injury to my child.

- Should the named person or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by Redemption Church employees, agents, and/or sponsors for the welfare of my child.

## **HOLD HARMLESS**

In consideration for you allowing my child to go on said activities, events, retreats or trips:

- I hereby release, absolve, indemnify, hold harmless and forever discharge Redemption Church, its employees, agents, organizers, sponsors, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child while participating in any activity, event, retreat, or trip.
- I assume all risks and hazards incidental to the conduct of the activities, events, retreats, or trips and transportation to and from these activities, events, retreats, or trips. In case of injury to my child, I hereby waive all claims against Redemption Church, its employees, agents, organizers, sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from said activities, events, retreats, or trips.
- I agree that any dispute, claim, questions, or disagreement arising out of or relating to said activities, events, retreats or trips, which cannot be otherwise resolved shall be submitted to mediation and, if necessary, legally binding arbitration as adopted by the Administrative Pastor and legal counsel. As a result, I expressly waive any award rendered by the arbitrator may be entered in any court have jurisdiction thereof.
- I agree to provide medical insurance for my child.

## **PHOTOGRAPHY COSENT**

- I understand that Redemption Church regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday school and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness, or image being used by Redemption Church in video presentations, publications or promotions on their website or in any other lawful manner.

## MEDICAL INSURANCE INFORMATION

<b>COMPANY</b>	
<b>POLICY NUMBER</b>	
<b>PHYSICIAN</b>	
<b>PHYSICIAN'S PHONE</b>	

\* Check ALL applicable boxes and give appropriate information below:

- NONE
- HEART TROUBLE
- BRONCHITIS
- KIDNEY TROUBLE
- DIABETES
- STOMACH UPSET
- ASTHMA
- SINUSITIS
- MIGRAINES
- ALLERGIES

*List all that apply:*

- OTHER MEDICAL CONDITION OR MEDICATIONS TO BE AWARE OF

*List all that apply:*

- IMMUNIZATION

- TETANUS: Date received \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

<b>NAME</b>	
<b>PHONE</b>	
<b>ALTERNATE PHONE</b>	

\* Complete the 2019 Medical Release form on the next page.

LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE  
ME THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_ 20\_\_\_\_\_.

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

*\* If you choose to later revoke this permission/release form it must be done in writing.*