

Redemption Church
Student Ministry
Participant Permission-Medical Release

THIS FORM IS FOR ALL 2018 STUDENT MINISTRY ACTIVITIES, EVENTS, RETREATS, AND TRIPS

Name of Participant _____
DOB _____ Age _____ Grade _____
Name of Parent(s)/Guardian _____
Phone _____ Alternate Phone _____
Address _____
City _____ State _____ Zip _____

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 Children's Ministry of Redemption Church during 2018.
- I understand that this permission form/release will apply to all planned activities, events, retreats, or trips sponsored by the Children's Ministry of Redemption Church during 2018.
- 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. However:
 - Should the named contact person, or myself, be unavailable to make decisions regarding my child's care, 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 Consent:

I understand that Redemption Church regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday small groups 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, promotions, on their web site or in any other lawful manner.

Medical Insurance Information

Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check applicable box and give appropriate information below:

- None Heart Trouble Bronchitis Kidney Trouble Dizziness Diabetes Stomach Upset Asthma Sinusitis
- Migraines Allergies: List

 Other medical conditions or medications to be aware of:

 Immunization: Tetanus: Date Received _____

Emergency Notification

If I am unavailable in the case of an emergency please notify:

Name _____ Phone _____

Alternate Phone _____

Signature of Parent/Legal Guardian

Date: _____

Sworn to and subscribed before me
this _____ day of _____ 2018

Notary Public

My Commission Expires: _____

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