

Grace Fellowship Student Ministry Release Form

June 2017 - September 2020

Attach Copy
of Insurance

Name _____ Birthday ____/____/____

Male Female

Today's Date _____ School _____ What year will you graduate?

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (C) _____

Address _____ City _____ State _____

Zip _____

Second Parent _____ Phone (H) _____ Phone (W) _____ Phone (C) _____

Alt. Emergency Contact _____ Phone (H) _____ Phone (W) _____ Phone (C) _____

Student email address _____ Parent email address _____

Medical insurance carrier _____ Policy or group # _____

Carrier Address _____ Name of insured person _____

Name of family physician _____

Phone _____

Name of Dentist/orthodontist _____

Phone _____

Health History (Check. Give approximate dates)

_____ Frequent Ear Infections _____ Diabetes

_____ Bleeding Disorders

_____ Heart Defect/Disease _____ Asthma

_____ Mononucleosis

_____ Seizures _____ ADHD

_____ Downs syn.

_____ Chicken Pox _____ Measles

_____ Mumps

Allergies (dates not needed)

_____ Hay Fever

_____ Poison Ivy

_____ Penicillin

_____ Insect Stings

_____ Drugs (specify)

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current Medications (List both prescription, OTC & herbal)

Medication name: _____ Dosage: _____ Reason for taking _____

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Blood type (if known) _____ Are all immunizations current? (MMR, tetanus, hepatitis) Yes No

Describe your students swimming ability: Beginner Intermediate Advanced

Any other information you feel the leaders should know in advance about your student

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I (We) acknowledge that my child's participation in the Grace Fellowship youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Grace Fellowship youth activity presents risks that my child may suffer property damage, doily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Grace Fellowship youth program activities, I (We) agree to the following:

Grace Fellowship is not responsible for the loss of theft of personal belongings.

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications, online publications and the church directory with their address of Grace Fellowship Ministries including the church website.

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:

- A) I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Grace Fellowship's Youth activities, the following person, or entities: Grace Fellowship, it's Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above:
- B) I agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Grace Fellowship, Grace Fellowship staff or volunteers and:
- C) I indemnify and hold harmless** the person or entities mentioned above from any claims made of liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Grace Fellowship youth activities.**

I undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedure deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realized and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Grace Fellowship representative to provided the needed emergency treatment to the student prior to his admission to a medical facility.

I hereby agree to all the above Grace Fellowship Student Ministry Waiver and Release Form Liability conditions.

Child's Name _____

Parent/Guardian Signature _____

Parent/Guardian Phone _____

Date _____