

## 2010-2011 Flight Medical Release Form

STUDENTS NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SCHOOL & GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

FATHER'S EMPLOYER & PHONE \_\_\_\_\_

MOTHER'S EMPLOYER & PHONE \_\_\_\_\_

INSURANCE COMPANY (ATTACH COPY OF CARD) \_\_\_\_\_

STUDENT'S PHYSICIAN & PHONE \_\_\_\_\_

DATE OF STUDENTS LAST TETANUS SHOT \_\_\_\_\_

### **IMPORTANT! PLEASE COMPLETE THE FOLLOWING INFORMATION!**

LIST ANY ALLERGIES \_\_\_\_\_

\_\_\_\_\_

LIST ALL MEDICATIONS TAKEN REGULARLY \_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY PHYSICAL LIMITATION (ASTHMA, DIABETES, ETC) \_\_\_\_\_

\_\_\_\_\_

### **HEALTH INSURANCE INFORMATION**

COMPANY NAME \_\_\_\_\_

GROUP NO \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD**

**Permission to Participate & Release of Liability**

By signing this Permission and Release Form, I grant permission for my child or me (if I am a participant) to participate in all activities except as noted by me. I also expressly assume all risks to the child or to myself from participating in the activities, whether such risks are known or unknown to me at this time. I hereby remise, release and forever discharge Trinity Baptist Church ("Church"), its directors, employees and agents, and all other persons, firms and corporations of and from any and all actions, claims and demands which claimant now has or may hereafter have on account of or arising out of any accident, sickness, death, property damage, expense, and/or event which might happen as a result of participation in the activity. I further understand that there is no Worker's Compensation or Accident Insurance furnished by the Church. I hereby give permission for my child or me (if I am a participant) to ride in any vehicle designated by the Church while attending and participating in activities sponsored by the Church. I also agree that the Church will not be held responsible in case of accident or injury due to riding in such vehicle. Further, I agree to hold harmless and indemnify the Church, its directors, employees and agents, for any liability sustained by the Church as the result of the negligent, willful or intentional acts of you or your child, including expenses incurred attendant thereto. I am responsible for updating any information in writing by contacting TBC.

**First Aid And Emergency Medical Treatment**

I understand that, in the event that the child named above, or I (if I am a participant) require medical or dental treatment while engaged in an activity, I hereby consent and give permission to the Church's sponsor or any adult counselor acting on behalf of the Church with respect to the activity, as agent for me, to consent to any examinations, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's, or my (if I am a participant) medical allergies, medication being taken, medical problems, activity restrictions and other pertinent information. I understand I will keep the Church updated on any charges to this release form. I also understand that I am responsible for any charges resulting from such treatment, and will reimburse the Church for payment of such charges, and I release the Church from all responsibility for such charges.

**For use if the Participant is a Minor**

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this Church. I hereby agree to be bound by the terms of the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant below, he or she is subject to being sent home. I give permission for a photograph of my child to be used on the TBC website, in a TBC publication, or in public media.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

**Adult Participants, Volunteers and Employees**

As an adult participant, volunteer or Church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in these activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Youth Covenant (age 12 and up)**

Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree that my participation in Church activities depends on my support of this agreement. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons or fireworks, disrespect for authority, vandalism, cruelty or intimidation of other participants, rambunctious behavior, tardiness, inappropriate mixed-gender activity, or any other activity that adult leaders deem as inappropriate. I also understand that electronic items are prohibited, including cell phones, mp3 players, TV's, radios, CD players, etc. without permission of the trip organizers. I covenant to strive to make each activity/trip/retreat the best it can be!

Signature \_\_\_\_\_ Date \_\_\_\_\_