

2018-2019 WAIVER, RELEASE, AND CONSENT FOR MEDICAL TREATMENT FORM

(Effective June 1, 2019-May 31, 2020)

STUDENT MINISTRIES OF THE LOCAL CHURCH, GRAND RAPIDS

****Participants Under 18 Years of Age Must Have This Form Signed by a Parent or Legal Guardian****

Name: _____ Preferred Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Grade: _____ Age: _____ Date of Birth: _____ Gender: Male Female

Mother's Name: _____ Father's Name: _____

Emergency Contact: _____ Day Phone Number: _____

Evening Phone Number: _____ Cell Phone #: _____

Alternate Emergency Contact: _____ Day Phone Number: _____

Evening Phone Number: _____ Cell Phone #: _____

I. WAIVER AND RELEASE

Acknowledgement

I acknowledge that I am voluntarily participating in the student ministry activities of THE LOCAL CHURCH< GRAND RAPIDS ("Church"), including Church-provided transportation to and from such activities. I acknowledge that there are certain risks associated with these activities, including injury or illness.

I understand that activities may involve special events such as camp retreats and events at amusement venues. I understand that during these events I may take part in activities such as: roller skating, go-cart racing, miniature golfing, obstacle courses, batting cages, and laser tag , I further understand that I may participate in local Church-sponsored service projects which may involve activities such as: painting, climbing ladders, yard work, heavy lifting, light construction, athletic activities.

Release from Liability

I certify that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also certify that I have no health-related conditions precluding my participation in the above activities. In exchange for my participation in Church activities, I expressly assume all risks of participating in the above activities, whether such risks are known or unknown to me at this time. I further release the Church, its ministers, employees, trip leaders, volunteers, representatives, and agents from any claims, actions, liabilities, or damages I may have against them as a result of injury, illness, death, or personal property damage incurred during the course of participation in the above activities, including Church-provided transportation. This release of liability is also intended to cover all claims, actions, liabilities, or damages that members of my family or estate, heirs, representatives, or assigns may have against the Church or its ministers, employees, trip leaders, volunteers, representatives, or agents.

II. CONSENT FOR MEDICAL TREATMENT

I understand that while participating in Church activities, emergency medical treatment may be necessary, and that the Church may be unable to contact a parent, legal guardian, or emergency contact for consent to emergency medical care. I consent to and give permission for the Church, its representatives, or agents (including but not limited to trip leaders) to make emergency medical decisions, including decisions concerning medical, surgical, and hospital care, which may be deemed necessary under the circumstances. I further agree to assume all costs and expenses associated with such care to the extent they are not covered by my medical insurance.

MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____

Group Number: _____ Policy Holder Name: _____

Doctor Name & Phone: _____ Date of last Tetanus: _____

List any physical limitations which might hinder participation in activities: (allergies, asthma, migraines, etc.):

List any medications (and doses) which are taken regularly:

List any special information to be relayed to medical personnel should medical treatment be required (rare blood types, medication allergies, high blood pressure, diabetes, missing organs, etc.):

TO BE COMPLETED BY PARTICIPANTS OVER 18 YEARS OF AGE

I, the undersigned, am 18 years of age or older. I have read the above Waiver, Release, and Consent for Medical Treatment, and do agree to the same terms. I release, discharge, and agree to hold the Church, its ministers, employees, trip leaders, volunteers, representatives, and agents harmless from any and all claims, actions, damages, or liabilities arising out of any injury, illness, or personal property damage, incurred by or for me during activities with the Church.

Signature of Participant _____ **Dated:** _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, the undersigned parent or legal guardian of _____ (“Minor”), have read the above Waiver, Release, and Consent for Medical Treatment, and do agree to the same terms. I release, discharge, and agree to hold the Church, its ministers, employees, trip leaders, volunteers, representatives, and agents harmless from any and all claims, actions, damages, or liabilities arising out of any injury, illness, or personal property damage incurred by the Minor during activities with the Church.

Signature of Parent or Legal Guardian _____ **Dated:** _____

I also give my permission for my student to ride with a responsible ADULT leader, as designated by the Church, for certain trips and events.

Signature of Parent or Legal Guardian _____ **Dated:** _____

2018-2019 PHOTO AND VIDEO RELEASE FORM

(Effective June 1, 2018-May 31, 2019)

STUDENT MINISTRIES OF THE LOCAL CHURCH, GRAND RAPIDS

****Participants Under 18 Years of Age Must Have This Form Signed by a Parent or Legal Guardian****

I understand that photographs and videos of me may be taken during student ministry activities at The Local Church, Grand Rapids (“Church”). I give my permission for the Church to use my likeness in photographs and videos in any and all of its publications, on its website, and on social media.

I acknowledge that because participation in publications, websites, and social media produced by the Church is voluntary, I will not receive financial compensation. I further release the Church, its ministers, employees, trip leaders, volunteers, representatives, and agents from liability for any claims by me or any third party in connection with the Church’s use of my likeness in any and all of its publications, on its website, and on social media.

TO BE COMPLETED BY PARTICIPANTS OVER 18 YEARS OF AGE

I, the undersigned, am 18 years of age or older. I have read the above Photo and Video Release Form, and do agree to the same terms.

Name of Participant _____

Signature of Participant _____ **Dated:** _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, the undersigned parent or legal guardian of _____ (“Minor”), have read the above Photo and Video Release Form, and do agree to the same terms on behalf of the Minor.

Name of Participant _____

Signature of Parent or Legal Guardian _____ **Dated:** _____