

**FOUNTAIN OF LIFE CHURCH
REACH STUDENT MINISTRY
2020 MEDICAL RELEASE & LIABILITY RELEASE FORM**

Student/Participant _____

Address _____

Student/Participant Phone _____ Date of Birth ____/____/____

Functions and Activities

I understand that participating in field trips, programs, recreation, and other activities of Fountain of Life Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury, due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that the student named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the student or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its pastors, leaders, employees, volunteers and agents from any claim that my student may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the students or my family or estate, heirs, representatives or assigns may have against the church or its pastors, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its pastors, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the student named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

If Participant is a Minor

I represent that I am the parent/guardian of the student 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 student named above to participate in the activities of this church, including any special events/activities described above. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the student, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my student breaks the covenant, he or she is subject to be sent home. I also allow for pictures to be taken of my student, or me if I am a participant, for use in publicity of Fountain of Life Church & Reach Student Ministries.

Parent/Guardian Signature _____ Date _____

Emergency Contact

Name _____ Relation _____

Cell Phone _____ Work Phone _____

Insurance Information

Medical Doctor _____ Phone _____

Insurance Company _____ Policy # _____

Medical & Behavioral History

(Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

Adult Volunteers and Employees

As an adult volunteer, leader, 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. I also allow for pictures to be taken of me for use in publicity of Fountain of Life Church & Reach Student Ministries.

Signature _____ Date _____

All Participants

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. 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, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I promise to strive to make each activity/trip/retreat the best it can be!

Participant Name _____

Participant Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____