



FAITH COMMUNITY BIBLE CHURCH STUDENT MINISTRY PERMISSION AND MEDICAL RELEASE

PLEASE PRINT NEATLY AND FILL OUT COMPLETELY. This information will be kept confidential.

Student Information:

Name: _____
First Middle Last

Address: _____
STREET CITY STATE ZIP CODE

O Male O Female Date of Birth: _____ Grade in school: _____

Age: ___ Student's Email: _____ School: _____

Student's Cell Phone: _____ Ok to Rec Text: _____

Emergency Contacts' Information:

Mother/Caretaker's Name: _____

Phone: Day _____ Evening _____ Cell Phone _____

Email: _____

Father/Caretaker's Name: _____

Phone: Day _____ Evening _____ Cell Phone _____

Email: _____

If Parents/Caretakers are unavailable, who should we contact? Name: _____

Phone: Day _____ Evening _____ Relationship to Student: _____

Physician and Insurance Information: (Please provide information about insurance and any medical issues we should be made aware of):

Physician Name: _____ Office Phone: _____

Dentist/Orthodontist Name: _____ Office Phone: _____

Is student covered by medical or hospital insurance? OYes ONo (If yes, please fill below)

Medical Insurance Company: _____ Policy Number: _____

Medical Information:

Please provide information regarding any of these health issues. 1.Asthma 2.Emotional Disorder 3.Physical Handicap
4.Bleeding/Clotting Disorder 5.Nervous Disorder 6.Hay Fever 7.Drug/Allergies 8.Epilepsy 9.Insect Stings 10.Diabetes
11.Seizure Disorder 12.Cardiac 13.Any Other Issues: _____

Food Allergies: _____

List any activity restrictions: _____

List surgeries or serious injuries and dates: _____

Chronic illness, medical conditions, or allergies: _____

Current medication(s) (Send with instruction.): _____

Please notify Faith Community Bible Church (FCBC) if your child has been exposed to a communicable disease within the two weeks prior to the outing or event.

Permission Agreement

- I do hereby verify that the information is correct so far as I know, and I expressly consent to the student's involvement in all activities and events from the date of this release was signed, including, but not limited to, recreational activities, trips, camps, travel, and activities sponsored by Faith Community Bible Church. The student agrees to comply with all rules and policies for each activity and event.
- I authorize any person connected with Faith Community Bible Church on any activity or event to administer first aid to the participant, as they deem necessary. I authorize medical and surgical care and transportation to medical facility or hospital for treatment necessary for the student's well-being, at my expense.
- I authorize the supervisors of the activity to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expenses of my student being sent home because of a disciplinary action.
- Although Faith Community Bible Church makes every effort to provide a safe environment, I understand that certain risks cannot be eliminated. I understand that participation in each activity and event involves inherent and other risks of Injury and Death.

RELEASE WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. In consideration for the student being permitted to be involved in the activities and events from the date of this release was signed, I the undersigned, AGREE TO THE FOLLOWING:

- I RELEASE, WAIVE and forever discharge Faith Community Bible Church, it's Pastors, Employees, Officers, Volunteers, Board of Agents (collectively Faith Community Bible Church) from ALL LIABILITY to me, my family, heirs, assigns, personal representatives or next of kin for ANY LOSS OR DAMAGE RESULTING FROM PHYSICAL OR MENTAL INJURY, DEATH OR PROPERTY DAMAGE arising from my student's participation in this Faith Community Bible Church activity. I PROMISE NOT TO SUE Faith Community Bible Church from any claim that is released under this Agreement.
- I AGREE TO INDEMNIFY AND HOLD HARMLESS Faith Community Bible Church for any loss, liability, damage or costs incurred due to my student's participation in this Faith Community Bible Church activity.
- I ASSUME FULL RESPONSIBILITY FOR RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising from my student's participation in the Faith Community Bible Church activity.
- I further acknowledge and accept that this Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of Washington in which participation takes place and agree that if any portion of this Assumption of risk and Waiver is deemed invalid, the remainder will continue in full legal force.
- I HAVE READ AND UNDERSTOOD THIS "RELEASE, Waiver of Liability and Indemnity Agreement" and have signed it voluntarily, and agree that no oral representations, agreements, or inducement, apart from the foregoing written agreement have been made. I HAVE READ AND UNDERSTOOD THIS "RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT" AND AGREE TO IT.
- I UNDERSTAND AND WILL ALLOW PHOTOS AND VIDEOS of my student to be taken while at any Faith Community Bible Church event and to be used in any Faith Community Bible Church presentation or publication. I also understand that publication of these photographs may be accomplished electronically via the Internet/Worldwide Web and that after publication, the church will be unable to prevent persons from gaining access to the Internet/Worldwide Web, copying my photographs and video there from, and subsequently using, altering, or republishing them without my consent. I waive any claim for damages against the Faith Community Bible Church from unconsented use, alteration or, republication of my photographs and video by third parties accessing the Internet/Worldwide Web.
- Should Faith Community Bible Church, or anyone acting on their behalf, be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold Faith Community Bible Church harmless for all such fees and costs. This agreement is binding upon the student's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of Washington. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect. I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, WAIVER, CONSENT AND RELEASE OF LIABILITY, THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE, I AGREE TO INFORM IN WRITING TO FAITH COMMUNITY BIBLE CHURCH IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Parent/Caretaker's Signature: _____

Printed Name: _____ Date: _____