

**Grace Baptist Church**  
**Student Ministry Release Form**  
**2017 - ALL REFUGE EVENTS**  
PLEASE PRINT ALL INFORMATION

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Cell Phone #: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Home Tel. Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Physician: Name and #: \_\_\_\_\_

\_\_\_\_\_

Check applicable box and give appropriate information below:

None \_\_\_\_\_

Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

Bronchitis \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Trouble \_\_\_\_\_

Medicines \_\_\_\_\_

\_\_\_\_\_

(OVER - CONTINUED)

Tetanus: Date Received \_\_\_\_\_

Allergic to any Medicines \_\_\_\_\_

Other needed information related to health: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please turn in medicine and instructions to Matt Green.**

**Permission for Treatment/ Waiver of Liability**

My permission is granted for the church minister, church official, or any other chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby release, absolve, indemnify, hold harmless and forever discharge Grace Baptist Church, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage or injury while participating on this trip, or participating in Grace Baptist Church activities. I hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by the church for the welfare of my student until you are able to reach me personally. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to my child, I hereby waive all claims against Grace Baptist Church, the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my student to and from the activities.

**Photo/Video Notice**

I understand that as a participant, my child may be photographed or videotaped during normal church activities and these photos/videos may be used in promotional material.

I, \_\_\_\_\_ (parent/ guardian signature)

Print name (parent/guardian): \_\_\_\_\_

hereby release my child, \_\_\_\_\_,

to participate in the year 2017, all Refuge Student activities, under the supervision of Matt Green and volunteers of Grace Baptist Church.

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

NOTARY