

3DSTUDENTS Permission / Medical Release Form

gender male female Trip / Date _____

student's name _____ birthday _____

address _____ grade _____

city _____ state _____ zip _____

parent's name _____ phone (cell) _____

emergency contact _____ phone _____

insurance co. _____ policy # _____

group # _____ insurance phone # _____

physician _____ office phone # _____

please list any known allergies _____

please list any medications taken on a regular basis and what they're for:

_____ for _____

I (We) am the parent or legal guardian of the student named above, a minor, and have given my (our) consent for him/her to attend events being organized by the faith church, including the event specified above. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church, including the events specified above. I hereby agree not to sue, and release the Church, its pastors, employees, agents, volunteer workers, local board, and representatives from any and all liability, claims, damages, and costs for injury, loss, damage to person or property that may occur during the course of my/our child's involvement in events organized by the Church, including the event specified above. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs including attorney fees which arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released.

In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its pastors, employees, agents, volunteer workers, local board, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student's health insurances. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event specified above. I also agree to bring my child home at my expense should he or she become ill or if a 3DSTUDENTS staff member deems it necessary.

I also agree to forgo any money paid for a given event as refunds are only given in case of emergency cancellations (i.e. death in family, illness).

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE NAMED PROVISIONS IN THIS WAIVER, CONSENT, RELASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Parent/guardian signature _____

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