

## Student Ministry Medical and Liability Release

STUDENT'S NAME _____	BIRTHDATE _____	AGE _____
ADDRESS _____	CITY, ZIP _____	
EMAIL _____	GRADE LEVEL 2020-2021 _____	M/F _____
PARENTS'/GUARDIAN NAMES _____		
(      ) _____	(      ) _____	(      ) _____
HOME PHONE	WORK PHONE	CELL
<i>Local emergency contact (in case parents are out of town):</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">NAME/ RELATIONSHIP _____</div> <div style="width: 35%;">(      ) _____ PHONE</div> </div>		

### HEALTH HISTORY

Allergies (*insect stings, medications, food, etc.*): \_\_\_\_\_

Normal Treatment: \_\_\_\_\_

Name/Dosage of medications currently taking: \_\_\_\_\_ Blood Type \_\_\_\_\_

Any other conditions (*heart, diabetes, asthma, epilepsy, etc.*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Swimming restrictions? Yes ☐ No ☐

Activity restrictions? Yes ☐ No ☐

What restrictions? \_\_\_\_\_

Any other conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### LIABILITY RELEASE

Every activity sponsored by Christ the King Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, you agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities. You also agree that you will not hold Christ the King Church or its employee or volunteer assistants liable for damages, losses or injuries to the person named on this form. You understand that this form and your signature are for both medical and liability release. This release is effective \_\_\_\_\_ to \_\_\_\_\_.

### MINOR'S LIABILITY RELEASE

I give permission for my child, \_\_\_\_\_, to participate in all activities as part of the ministry of Christ the King Church, non-profit office at 4173 Meridian St. Bellingham, WA 98226. As parent or legal guardian of said minor, I accept full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release Christ the King Church from any liability, in the event of an emergency in which my child is in need or immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing *in loco parentis* to my child. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

The above Liability and Medical Release covers any and all activities sponsored by or associated with Christ the King Church.

### INSURANCE:

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in activities or on the church premises.

Medical Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPH RELEASE**

Regarding photographs taken, I give Christ the King Church permission to do the following for non-profit use and without charge. At the discretion of Christ the King Church, photos may be displayed at a service or event or be used in a multimedia presentation, reprinted and distributed for any Christ the King Church non-profit publication, with copyright to accompany the photos when used (for example, in the Weekly News, brochures, etc.) or to display on the Christ the King Church web site.

Yes ☐      No ☐

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_