

Peace Presbyterian Church Medical & Permission Form

Name of Participant (please print) _____

Address _____ Cell Phone (____) _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of Peace Presbyterian Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the 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/Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release **Peace Presbyterian Church** and its ministers, leader, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against **Peace Presbyterian Church** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Peace Presbyterian Church** and its ministers, 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 child or me if I am a participant during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where I 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 **Peace Presbyterian Church** to seek and secure any needed medical attention or treatment for the child 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.

Publicity

On occasion, **Peace Presbyterian Church** photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recording may be used in **Peace Presbyterian Church** publications, website, or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special features. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to photographs, videotape, and audio recordings. Furthermore, I give permission for the child or me to be interviewed by the news media or for such photographs and other audio or visual recordings to be used by the news media.

(Flip over and continue)

Health Insurance Information

Insurance Company _____

Policy Number _____ Insurance Company Phone Number (_____) _____

Medical Doctor _____ Phone Number (_____) _____

Emergency Contacts

Name _____ Relation _____

Home Phone Number (_____) _____ Work Phone (_____) _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)

Other Information

Other information leaders should know about the child or adult participant:

In consideration for allowing the participation of the myself in the activities of Peace Presbyterian Church, I hereby consent to the Permission/Waiver Form, including the Release of Liability above and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature _____ Date _____

Print Name _____

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____ who is under 18 years of age. I have read the above Permission/Waiver form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of **Peace Presbyterian Church** including any special events/activities described above. In consideration for allowing the participation of the child or adult in the activities of **Peace Presbyterian Church**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature (of Parent or Legal Guardian in case of child) _____ Date _____

Print Name (of Parent or Legal Guardian in case of child) _____

Witness Signature _____ Date _____

I have read the above waiver and have elected NOT to sign

Signature (of Parent or Legal Guardian in case of child) _____ Date _____

Witness Signature _____ Date _____

All information on this form will be kept confidential, and will not be given out for any reason without the consent of the parent of guardian.