

Medical Release Form – Multiple Event
Event: All Activities for Fellowship Bible Church’s Student Ministries

Effective Dates: June 2011 – May 2012

Please *PRINT* clearly:

Student’s Name _____ Sex: (circle one) M F Grade in Sept 2011 _____

Student’s Date of Birth _____ T-shirt size: (circle one) YS YM YL YXL AS AM AL AXL AXXL

School: _____ Student Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Student Phone (Home) _____ (Cell) _____

Parent Name(s): _____

Parent Work Number(s): mother _____ father _____

Parent cell number(s): mother _____ father _____

Parents’ email: mother _____ father _____

Emergency Contact other than Parents

Name _____ Relationship _____ phone _____

Name _____ Relationship _____ phone _____

“The undersigned represents to Fellowship Bible Church of Roswell, Inc. (herein referred to as FBC), a religious non-profit organization, that he/she is the legal guardian and natural parent or the legal guardian of the above named child; and the undersigned does hereby consent to such minor taking part in noted activities, with full understanding insofar as such activities may include, but are not limited to, ropes courses, rafting, water (lake, river, & ocean) activities, various sport activities, riding in private & rented vans, cars, and buses, mingling with other individuals, and there is always the risk of injury, illness, loss, death, and possible consequent expenses for the medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such expense and does hereby wholly release FBC and any representative from any responsibility or liability; and waives any claims or causes of action against it or its agents that might arise on account of loss, injury, death, or expense occasioned by any sort of accident or any other circumstances involving such child, and agrees to hold harmless FBC in event any such claim should arise, and the undersigned agrees to abide by the rules and regulations, supervision, and discipline set and applied by FBC and its agents, and does hereby authorize FBC or its representatives or other agents, to arrange for and consent to x-ray examinations, anesthetic, dental, medical or surgical diagnosis and treatment, and hold harmless FBC from any such expenses. The undersigned will reimburse FBC or furnish payment or insurance for any such payment, at his or her own expense. The undersigned also agrees to pay in full for any property damage caused by his/her child. Events that are included but not limited to on this form are: Winter Retreats, any small group activity, Summer Retreats, camping trips, canoeing trips, various retreats for small groups or teams, and other group activities occurring on or away from the Fellowship Bible Church property within the specified dates above.”

Name of Insurance Company: * _____

Policy number _____ Phone: _____

Policy holder’s date of birth: _____

Doctor’s Name * _____ Phone: _____

Medications currently taking * _____

Allergies * _____

Date of last tetanus shot * _____ My son/daughter is _____ or is not _____ a competent swimmer.

If necessary, describe in detail the nature and severity of any physical and/or psychological condition which the staff should be aware of and what if any action or protection is required by us.

I give permission for my son/daughter to attend FBC Student Ministry functions. I have read the above Release of Liability and agree to its provisions. I also give permission for my son/daughter to be photographed/ video-taped or tape recorded without compensation to be used in any church published material and to receive email updates from Student Ministries.

*** I agree to assume full responsibility for updating any medical and/or insurance information throughout the year as necessary.**

Signature: _____ Date _____

Relationship to Minor: _____