

2014-2015 Medical Release Form

Waiver and Release from Liability

Please initial on the lines provided.

_____ Calvary Church is not responsible for the loss or theft of personal belongings.

_____ Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

_____ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:

a) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Calvary Church staff or volunteers.

b) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in Calvary Church Student Ministries activities.

I, the parent or legal guardian of, _____ give permission for the above named child to participate in the activities conducted by Calvary Student Ministries from September 2014 to October 2015.

I, the parent or legal guardian of, _____ do release Calvary Church, and all staff of any responsibility for accidental injuries sustained to, during and from all student ministry activities from September 2014 to October 2015.

In case of an emergency, I, the parent or legal guardian of the above named child, hereby give permission to the physician and/or hospital to order injection, anesthesia or surgery for my child as deemed necessary by the appropriate professionals and in accordance with my child's medical history.

Name of Insurance Company _____

Policy Number _____

Phone Number of Health Insurance Company _____

Name of Policy Holder _____

Policy Holder's Phone Number _____

Please list any existing medical conditions below.

Are there any special needs (ex. social disorders, disabilities, etc.) or special circumstances (ex. recent deaths in the family), that you would like us to be aware of?

If you would like to speak with a pastor regarding the needs of your child, contact Student Ministries (calvarystudents@calvarygr.org) at 956-9377, ext. 5181.

PARENT/GUARDIAN NAME (PLEASE PRINT) _____ PARENT/GUARDIAN SIGNATURE _____

Photocopies of this signed original shall be deemed to be an original counterpart of this authorization.

DATE _____