

Upryzing Student Ministries

Harvest Time Church - Release of Liability

****PLEASE RETURN FORM BY SEPTEMBER 29TH****

PLEASE PROVIDE PAYMENT WITH FORM. COST: \$135

ADDITIONAL ACTIVITIES: PAINTBALL \$30 / HIGH ROPES \$30

The purpose of this form is to provide information in the event of an emergency, permission to seek medical treatment, and parent consent to do so.

Name and date of event: Youth Retreat October 14-17

Youth's Full Name: _____

Birthdate: _____ Grade in School: _____

Parents'/Guardians' Names: _____

Home address: _____

Street City State Zip code

Phone: _____

Mother: Home / cell Father: Home / cell

Alternate Emergency Contact: _____

Name and Phone #

Health Plan Carrier: _____

Policy # _____ Insurance Agent Phone # _____

Policy Holder's Name _____

We (I) the parents/guardians of _____ a minor, after failed attempts to contact us (me) do hereby authorize my/our child's group leader or youth councilor of Harvest Time Church to consent to any x-ray, anesthetic, medical, surgical, and dental diagnostic or treatment as may be considered necessary by the physician, surgeon, dentist or other health care personnel for such minor child. The undersigned shall be liable and agree(s) to pay all cost in connection with medical treatment of our (my) child. We (I) further release Harvest Time Church and any members of its governing boards and committees, pastors, employees, staff counselors, and volunteers acting on behalf of and of the above, for any and all

liability, claims, suits, cause of action and demands, at law or in equity, and however arising, for personal injuries and damages which may be incurred by our child and/or ourselves while such child attends, participates in, or travels to and from, any youth activities sponsored by, or affiliated the youth ministry program of Harvest Time Church

EMERGENCY MEDICAL INFORMATION

General: Does participant have: (if "yes" explain)

Allergies? ___ Yes ___ No _____

Heart Condition? ___ Yes ___ No _____

Other? _____

Does participant have reaction to: (if "yes" explain)

Bee Sting? ___ Yes ___ No _____

Penicillin? ___ Yes ___ No _____

Other Drugs? ___ Yes ___ No _____

Has the participant had any serious illness or surgery within the past ten years?

___ Yes ___ No (if "yes" explain)

Does the participant have any condition that would prevent him/her from participating in any activities? Please list:

I agree that I have read and understood all of the above information and provide accurate information about my student's medical history as requested on this form.

Signature of Parent /Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____