



Palm Valley Church
2008
student ministry release form

student's name _____ gender: _____
address _____ birthday: _____
city _____ state _____ zip _____
home phone _____
mother's name _____ phone(h) _____ (c) _____
father's name _____ phone(h) _____ (c) _____
emergency contact (other than parent) _____ phone _____

insurance co. _____ policy # _____
group #: _____ insurance co. phone #: _____
physician _____ office phone _____
please list any known allergies: _____

please list any medications taken on a regular basis and what they're treating:
_____ for _____
_____ for _____
_____ for _____

I am the parent or legal guardian of the student named above, an minor, and have given our consent for him/her to attend events being organized by the church. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church. I hereby agree not to sue and release the Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability, claims, damages and costs from any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in the events organized by the Church. I further agree that I shall hold harmless and fully indemnify the parties hereby release from any claims, damages, and costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in par by any of the parties or entities hereby released.

In the even that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the Church, I agree to hold such personal free and harmless of any claims, demands, or suits for damages arising from the giving of such medial care. I also agree to hold harmless and release the Church, it's pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student's health insurances. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for eh student named above at the time of the events. I also agree to bring my child home at my expense should he or she become ill or if a student ministries staff member deems it necessary.

I understand that this form does not guarantee my student a spot aon the aforementioned trip, rather it enters them in the registration process. **I also agree to forgo any money paid for a given event as refunds are only given in cause of emergency cancellation(i.e. death in the family, illness).**

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Parent/guardian signature: _____ Date _____