

'17-'18 Release Form

Messiah Christian Reformed Church
For all activities sponsored by Messiah CRC
between May 1, 2017—October 1, 2018.
remember to fill out both front and the back

Student Name: _____

Emergency Contact

(Only one form needed across all Messiah CRC ministries)

General Information—Please Print Legibly

Name of Student: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Mobile Number: _____

Birth Date (mm/dd/yyyy): / /

Grade ('17-'18 school year): _____

Gender: Male / Female

Mother's Name: _____

Fathers Name: _____

Person to Notify: _____

Day Phone: _____

Evening Phone: _____

Mobile Number: _____

Release Form for Minor Child (aged 17 and under)

I hereby certify that I am the parent or legal guardian of the above named participant and I give my permission for him/her to take part in any activities sponsored by Messiah Christian Reformed Church (MCRC). I am aware that there may be risks and dangers which I will assume personal responsibility for and will release and agree to indemnify and hold harmless MCRC, its officers and directors, employees and any parties volunteering on behalf of MCRC from all actions (including, but not limited to, personal injury, property damage, or wrongful death), costs, expenses or damages of any kind growing out of or related to any activities (on or off church grounds), transportation to and from activities, or for any liability sustained by MCRC as a result of the negligent, willful or unintentional acts of said participant, including expenses incurred thereto. In case of any incident involving injury to my son/daughter, I give my permission for the leaders and volunteers to seek and permit medical assistance as they see fit and I will assume the responsibility of all medical bills, if any. Further should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs incurred.

Both parents must sign this form unless the parents are separated or divorced, in which case the custodial parent must sign.

Signature of Parent or Guardian: _____

Date: _____

Signature of Second Parent or Guardian: _____

Date: _____

Student aged 18 (or older) or Leader

I hereby certify that to the best of my knowledge I am in a state of health sufficient for me to take part in any of the activities sponsored by the Messiah Christian Reformed Church (MCRC) without jeopardizing my well being. I am aware that when taking part in activities like this there may be risks and dangers which I will assume personal responsibility for and will release and agree to indemnify and hold harmless MCRC, its officers and directors, employees, and any parties volunteering on behalf of MCRC from all actions (including, but not limited to, personal injury, property damage, or wrongful death), costs, expenses or damages of any kind growing out of or related to any activities (on or off church grounds), transportation to and from activities, or for any liability sustained by MCRC as a result of any of my negligent, willful or unintentional acts, including expenses incurred thereto. In case of any incident involving injury, I will assume the responsibility of all medical bills, if any. Further should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs incurred.

Signature of Participant or Leader: _____

Date: _____

Medical Information

Health Insurance Company: _____

Policy Number: _____ Name of Policy Holder: _____

Group Number: _____ Date of last Tetanus Shot (mm/dd/yyyy): / /

Doctor's Name: _____ Doctor's Phone: _____

Please list any physical limitations that might hinder participation in activities (allergies, asthma, migraines, etc.)

Medications

If this person takes medication on a regular basis, please list medications and doses that are taken regularly:

Medication #1: _____ Dosage: _____

Specific times taken each day: _____ Reason for Taking: _____

Medication #2: _____ Dosage: _____

Specific times taken each day: _____ Reason for Taking: _____

Medication #3: _____ Dosage: _____

Specific times taken each day: _____ Reason for Taking: _____

Allergies

List all known and describe reaction and management of the reaction.

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

Media Release

Please sign this confirmation which allows MCRC to include photos or other media (audio or video) of your child on our print and public display publications (Brochures, Promos, Event Flyers, Webpage, etc.). *No specific information will be given about your child in our public materials.*

Signature of Parent or Guardian: _____ Date: _____

If you have questions about any portion of this form, please contact Fig VanderMolen at 616-560-5607.