



# TEAM CHURCH

## 2009 Activity & Event Release and Consent Agreement

Date: \_\_\_\_\_ (This agreement will be applied for the entire year of 2009)

Participant's Full Name: \_\_\_\_\_

### PARENT'S CONTACT INFORMATION

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Participant's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

T-Shirt Size: Youth Sizes: YS YM YL Adult Sizes: S M L XL 2XL

Does the Participant take any medications on a regular basis? Yes / No

If Yes, please list and describe: \_\_\_\_\_

*\*Note: If you are on medication during a trip off the church campus, please notify the adults in charge.*

Please list any allergies: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

*In the event a parent or guardian cannot be reached, please call:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### INSURANCE INFORMATION

*Insurance information is required for any trips off the church campus.*

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

I hereby, for myself, my heirs, executors, and administrators, waive and forever discharge any and all right and claims for damages which I may have or which may hereafter accrue to me against Team Church, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with or arising out of my traveling with, participation in, and returning from any activity or event sponsored by Team Church.

The minors and others whose signatures are attached to this document do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physician and surgeons. I (We) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child's well being.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures to this document.

Signature of Parent or Guardian: \_\_\_\_\_