

Shepherd of the Hills Presbyterian Student/Child Medical Release Form

Name of Participate (Last, First)

Activity Name

Date

Street Address, City, State & Zip

Gender

Age & Grade

Parent/ Guardian Names

Phone # **DURING ALL EVENTS**

Second Emergency Contact (name/relationship)

Phone # **DURING ALL EVENT**

Participates Physician & Phone #

Insurance Covering Participate

Insurance Policy Holder Name

Policy Number

Does participate have any allergies or medical conditions? Please list them: _____

Is participate currently taking any medications? Please list them and instructions: _____

PLEASE READ CAREFULLY – RELEASE MUST BE SIGNED

Emergency Authorization (form above)

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the staff, leaders, assistant leaders or chaperones acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

Waiver of Liability and Disclaimer

I the parent, or guardian, of the above named individual acknowledges that participation in energetic activities and/or events necessarily involves risk of physical injury. I further acknowledge that the programs of the Student/Children's Department are primarily administered by volunteers, rather than paid professionals. I further acknowledge Shepherd of the Hills insurance is only a secondary insurance. If I have medical insurance, my carrier will be billed for medical charges in the case of illness or injury. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the Children's Ministry, Student Ministry, Shepherd of the Hills and their employees or those supervising responsible from any claims arising out of or relating to any physical injury or material loss that may result to said individual while participating. Including physical injury by negligence of any volunteer or representative while supervising or chaperoning. I understand that adequate precaution will be taken for the safety of my child at all times. I also consent for my child's picture or likeness to be used in promoting Shepherd of the Hills Ministries, including but not limited to Shpc websites and newsletters.

Parent/Guardian Signature (if 18 or under)

Students signature