

Student Ministries Consent, Acknowledgment and Release

Emergency Contact and Medical Information for a Child

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|--|---------------------|--|---|--------------|
| _____ Child's Name | | _____ Date of Birth | _____ Grade for 2022/2023 school year | M F Sex |
| _____ Parent's/Guardian's Name | | _____ Parent's/Guardian's Name | | |
| _____ Home Phone | _____ Cell Phone | _____ Home Phone | _____ Cell Phone | |
| _____ Address | | _____ Address(if different) | | |
| _____ City, ST ZIP Code | | _____ City, ST ZIP Code | | |
| _____ Alternate Emergency Contact | | _____ Cell Phone | | |

Medical Insurance Information

| | |
|-----------------------------------|--------------------------|
| _____ Name of Insurance | _____ Primary Insured |
| _____ Physician's Name & Phone | _____ Policy Number |
| _____ Dentist's Name & Phone | _____ Group Number |

Medical Information

List any current allergies, illnesses, physical conditions or medications:

Participation Consent and Authorization

I(we), the parents/guardians of the aforementioned student, do hereby authorize Mission Hills Church (MHC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated of any changes on this form. This medical release will be kept on file at Mission Hills Church to use for any future activities and/or trips.



Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Agreement

The undersigned agrees as follows:

I fully understand and acknowledge that there are risks and dangers associated with Participation which could result in property or bodily injury, partial and/ or total disability, paralysis and death. These risks and dangers may be caused by my action, inaction or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.

I accept and assume the risk and responsibility for any losses and/or damages for any such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Released Parties

I hereby release, waive, discharge and agree not to initiate any form of legal action against MHC, its pastor, elders, officers, agents, employees and volunteers (collectively "Released Parties") for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys' fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties ("Claims and Damages") which I have or may have in the future against Released Parties resulting from or related to my Participation.

I further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with my Participation.

In consideration of the MINOR CHILD ("Minor") named below, being permitted by MHC to participate in this ALL ministry events, activities, trips, excursions and programs conducted by MHC, I acknowledge that I have read and understand the Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Form, agree to be bound by its terms, and further agree to indemnify and hold Released Parties harmless from any and all Claims and Damages which are brought by, or on behalf of Minor, and which are in any way connected with such Participation by Minor. If I cannot accompany the Minor in this event, I authorize **the MISSION HILLS CHURCH STAFF PERSON(S) IN CHARGE OF THE ACTIVITY/TRIP/CAMP** to **accompany and take full responsibly** for the minor.

Transportation Consent and Authorization

I consent to and authorize my/our child to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Photo Release Consent and Authorization

I understand that my child may be photographed and/or videotaped during his/her participation in events, activities, trips, excursions and programs conducted by MHC and consent to and authorize such photographs and/ or videos to be used by MHC for ministry related presentations, publications and/or websites. I understand that my child's name will not be used and/or published in any way, and that no compensation will be given for the use of such photographs and/ or videos.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS

Signature of Parent/Guardian

Date

Printed Name of Participant (Minor)

Printed Name of Parent/Guardian