

Fellowship Bible Church

Liability Release Form

Student's Name: _____ Grade: _____

Date of Birth: _____

Address, City, State, & Zip: _____

I, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of **Fellowship Bible Church's Youth Ministry**, both on and off church grounds, including the necessary transportation to and from these events and activities; ***this form will be effective for the duration of time spent in the FBC student ministry by the subject of this form.***

Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the persons in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally contacted.

I further agree not to hold Fellowship Bible Church or any of its paid staff or volunteers responsible for any accident that may occur on the way to, from, or during an event. I indemnify, defend and hold harmless Fellowship Bible Church or any of its paid staff and volunteers, for all claims made and liabilities assessed against them as a result of any event or activity. I release Fellowship Bible Church, its paid staff and volunteers, and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible to pick my child up and assume the cost of transportation.

By signing below, I am acknowledging that I have read through and understand the above statements.

Signature of Parent or Guardian

Date

Youth Ministry

Fellowship Bible Church

Medical Release Form

NAME: _____

ADDRESS: _____

PHONE: _____ GRADE _____

PERSON TO NOTIFY: _____

HOME PHONE: _____

WORK PHONE: _____

ALTERNATE PERSON TO NOTIFY: _____

HOME PHONE: _____

WORK PHONE: _____

MEDICAL INSURANCE CO: _____

POLICY & GROUP NUMBER: _____

HEALTH CONDITIONS & ALLERGIES: _____

CURRENT MEDICATIONS: _____ *(Prescription or non-prescription.)*

CONTACT LENSES: Yes _____ No _____

OTHER NOTES: _____

I, who by law may do so, authorize the administration of emergency medical treatment to he/she who is subject of this form. I understand all reasonable safety precautions will be taken at all times by Fellowship Bible Church or its agents. I will not hold Fellowship Bible Church or its agents, liable for any accident, injury or disease incurred to/by the subject of this form. I understand that in the event that medical intervention is needed, every attempt will be made to contact the person(s) listed above immediately. I will hold Fellowship Bible Church or its agents harmless due to imprudent behavior from my teen. Furthermore, I will hold Fellowship Bible Church harmless for any accident occurring by any means of transportation (e.g. plane, train, boat, or automobile) or youth group activity (retreat, hike, sleepover, or event). This form will be effective for the duration of time spent in the FBC student ministry by the subject of this form.

I, also understand, that it is my responsibility to contact the church office, in the event that any of the above information needs to be updated.

Signature of Parent or Guardian

Date