

2010 MINOR MEDICAL RELEASE & LIABILITY FORM

— one required for each student under 18 yrs

!Minor Name _____ Age / Grade _____

Male /Female !School & County _____ /!E-mail Youth _____

Address _____ City State Zip _____

!Safe Sanctuary Sleeping Arrangements > My child will be rooming with: *(LIST ALL CHILDREN & ADULTS IN ROOM)*

_____ Functions and Activities > I understand that participating in programs, recreation and other activities of Cooperative MISSION EDUCATION Event is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury, due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware

!DOES YOUR CHILD HAVE PERMISSION TO SWIM WITH ADULT SUPERVISION? _____!

_____ Release of Liability > By signing this Permission and Waiver Form, I expressly warrant that this minor named above is capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

_____ First Aid & Emergency Medical Treatment > I recognize that there may be occasions where the child named may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician's and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment



!Emergency Contacts > _____

!Insurance Carrier, Group Number, Member Id, etc > _____

!Medical Doctor Name & Phone > _____

!Other Name, Home#, Best Number> _____

!List Medical History/Precautions _____

- please Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc

!List Other Information> what should leaders know about the minor participant

Participant is a Minor > I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this Cooperative Mission Education Event. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he or she is subject to be sent home at my expense.

X _____ X Signature of Parent or Legal Guardian / Email & Phone _____

**TEENS NEED TO READ & UNDERSTAND >> Youth Class Participants > Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in CMEE activities and my cooperation will support this agreement. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make my Mission Education the best it can be and to be where I should be on time. ** See What To Bring & Not To Bring List on Opposite Page

X _____ X Teen Participant Signature

Parents/Guardians! Without Minor Medical Release & Liability Form – Minors CANNOT Participate!