

GEORGETOWN CHRISTIAN CHURCH STUDENT MINISTRIES

LIABILITY AND MEDICAL RELEASE FORM

09

File this form with the church office for emergency purposes, effective upon signing. This includes all normal meetings, activities, and events in association with *Georgetown Christian Church* during the year 2009. Please return this form to the church office between 9:30am & 5pm Monday-Friday or by mail to the address below, attn: Medical Release.



Student's Name (last, first) _____ Male / Female _____

Address _____
 City _____ State _____ Zip _____
 Student's E-mail Address _____
 Phone # (____) _____ Birthday _____ Year of H.S. Graduation _____
 Name of Parents/Legal Guardians (with whom you live) _____
 Phone # (____) _____
 Health Insurance Company _____
 Policy # _____ List Known Allergies: _____
 List Medications Currently Taking: _____
 Doctor's Name _____ Phone # (____) _____

	Check All That Apply
I wish to receive the Journal (monthly mailing of what's happening around GCC)	<input type="checkbox"/>
I wish to receive the e-Journal (email required, digital version of the above)	<input type="checkbox"/>
I wish to be reminded of upcoming events and deadlines via Phone Tree (automated messages)	<input type="checkbox"/>

I, the Parent/Guardian of the student listed on this form, certify that he/she has my full approval to participate in this Georgetown Christian Church Student Ministries program. The student identified on this form understands that all students are expected to abide by the program rules and be directly responsible to the Georgetown staff/sponsors directing this event. GCC Student Ministries assumes responsibility for discipline at the event and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such an instance, I will assume full responsibility for returning the student home.

I understand that reasonable measures will be taken to ensure the safety and security of my child, however I do hereby agree to release and to hold blameless Georgetown Christian Church and its employees and sponsors from any claim resulting in accident or loss by participating in any activities associated with GCC Student Ministries

events/programs.

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during any activity or event to be used, distributed, or shown by GCC for general publicity, or as the church sees fit.

Further, I do authorize the Minister or sponsors of this activity or any GCC sponsor or staff member, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information in this entire form.

(Signature of Parent/Legal Guardian) _____ Date _____

Person to notify in the event you cannot be reached:

Name: _____ Relationship: _____ Phone: _____