

# Medical Release & Permission Slip

## Vineyard Christian Fellowship Westside Youth Ministries

(Please print clearly and fill out completely, we will not be held responsible for withheld information)

Name of Child \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Age of child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Academic Grade \_\_\_\_\_

Please list any Medical Conditions, Restrictions, Allergies, and \*Medications:

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Primary \*\*Medical Insurance (Carrier & Policy Number)

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Plases print the name of the parent(s) or Legal guardian(s):

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1<sup>st</sup> Emergency Contact Phone Number: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Phone Number: \_\_\_\_\_

### Functions and Activities

It is my understanding that participating in the programs, recreational and or other activities with Vineyard Christian Fellowship Westside is a privilege. Prior to my or my child's participation in such activities, I acknowledge that there are certain risks associated with the 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.

### Release of Liability

By signing this Permission / waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities. I also expressly assume all risks of the child or me participating in the activities whether such risks are known or unknown to me at this time. I further release Vineyard Christian Fellowship Westside and its trustees, officers, directors, board members, ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may have against them as a result of any injury, illness or death, incurring during the course of participation in the activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representative, or assigns may have against Vineyard Christian Fellowship Westside and its trustees, officers, directors, board members, ministers, leaders, employees, volunteers and agents. It is understood and agreed that the undersigned shall not bring or cause to be brought any action or claim for damages against Vineyard Christian Fellowship Westside or any other unlisted participating church and their agents members or directors as a result of any injuries or damages suffered while participating in the event.

\*No medications will be administered to minors without written instruction from legal guardians.

\*\*The church releases all liability for those who do not have medical coverage, and cannot be responsible for payment of medical expenses incurred during activities. Individuals not having adequate medical coverage assume the risk of injury and all expenses related with the associated injury.

## Special Events and Field Trips

I understand that the child named above, or I will be participating in activities from **January, 1<sup>st</sup> 2018 until December 31<sup>st</sup> 2018**. I understand that, during this period, my child / ward, or I, if I am an adult participant, may take part in activities such as but not limited to:

Camps, local trips, mission trips outside the United States, outreaches in the community, field days, work days, activities such as skating, bowling, beach days, fun days, etc. And any other activities consistent with the purposes of the church.

I represent that I am the parent or legal guardian of \_\_\_\_\_ who is under 18 years of age and I have read the permission / waiver and am familiar with the contents thereof.

I give permission for the named above to participate in the activities of Westside Vineyard Church, including any special events / activities not described above. In consideration for the allowing the participation of the child in the activities of Westside Vineyard Church, I hereby consent to this permission / waiver form shall be binding upon me, my family, heirs legal representatives, successors, and assigns.

## First Aid and Emergency Medical Treatment

Further, being the parent or legal guardian of the minor child named above, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the leader to make the decision necessary for treatment. Should there be no leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and I agree to pay for all medical treatment.

## Publicity

On occasion, Westside Vineyard Church takes photographs or makes an audio or videotape recording of children and / or adults involved in church activities. In addition, such photographs and audio / visual recordings may be used in Vineyard Christian Fellowship Westside publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events and our church may invite or allow them to photograph or record our events for news reporting or, special interest features. These photographs or videos are only intended for the promotion of ministries and no consent will be provided for any other purpose. I consent to the use of any such audio or visual record of the child named above, or me, if I am participating, to be used, distributed, or displayed as agents of the church for ministry purpose only. This consent includes but is not limited to: photographs, videotape, and audio recording. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

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Signature of Parent or Legal Guardian

Date

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Print Name of Parent or Legal Guardian

Date