

STUDENT RELEASE FORM

WEST SIDE YOUTH MINISTRY

STUDENT NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY/STATE/ZIP _____

STUDENT CELL# _____ HOME PHONE# _____

HEALTH INSURANCE Co. _____

POLICY/GROUP# _____

List important medical information (allergies, medications, or conditions, etc.) or circle **NONE**

List regular medication(s) and dosage instructions in detail

I desire for my son/daughter/ward _____ to participate in **WEST SIDE YOUTH MINISTRY EVENTS** and give my permission for him/her to do so. I further authorize West Side Church of Christ and its volunteers, staff, and agents to provide first aid to my son/daughter in accord with their judgment, and this treatment may include the administration of over-the-counter (non-prescription) medications to my child and other medications which my child has been prescribed. In the event my son/daughter, in the opinion of West Side Church of Christ or its volunteers, staff, or agents, needs medical care beyond first aid and over-the-counter (non-prescription) medications, I give my consent and permission for such medical care to be obtained on behalf of my child and further give consent to any treatment recommended by the medical personnel consulted. I further understand that photos and videos of **WEST SIDE YOUTH MINISTRY EVENTS** will be taken and authorize the taking and publication of photographs and videos of my child via the internet or other medium.

I understand that **WEST SIDE YOUTH MINISTRY EVENTS** may include travel by church vehicles and private vehicles, and such vehicles will be driven by church staff and adult volunteers. I further understand that **WEST SIDE YOUTH MINISTRY EVENTS** may include hiking, running, rock climbing, bowling, swimming and water activities, as well as other activities. I freely and voluntarily assume the risk of personal injury to my child/ward (or myself if 18), even if the result of the negligence of West Side Church of Christ or its volunteers, staff, or agents, and further hold harmless West Side Church of Christ and its volunteers, staff, and agents and release any legal claims of any kind involving any and all injury, disability, death, or loss or damage to person (including myself, and my child/ward) or property, whether caused by the negligence of the releasees or otherwise.

I UNDERSTAND I AM GIVING UP IMPORTANT LEGAL RIGHTS BY SIGNING THIS DOCUMENT

Signature of Parent/Guardian if under 18: _____
(or participant if 18 or older)

Home Phone#: _____

FATHER Work Phone#: _____ FATHER Cell Phone#: _____

MOTHER Work Phone#: _____ MOTHER Cell Phone#: _____

Emergency Contact (FIRST TO CALL): _____