

YOUTH RELEASE FORM

Bethel Bible Church 2011-2012

We (I) grant permission for our (my) child / children to be involved in youth programs and activities sponsored by Bethel Bible Church.

In consideration for being accepted by Bethel Bible Church for participation in activities from 9-1-11 through 9-1-12 we (I) on behalf of our child / children do hereby release, forever discharge, and agree to hold harmless Bethel Bible Church and its directors from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child / children that occur while said child is participating in such programs, trips or activities.

Furthermore, we (I), on behalf of our (my) child / children, if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to Bethel Bible Church to furnish any necessary transportation, food and lodging for this participant.

The undersigned hereby agrees to hold harmless and indemnify Bethel Bible Church and its directors, employees, and agents, for any liability sustained by Bethel Bible Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years: We (I), the parent (s) or legal guardian(s) of this participant, hereby grant our (my) permission for him (her) to participate full in said activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility for all medical bills, if necessary.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we (I) hereby assume all transportation costs.

Participant name

Hospital Insurance _____ YES _____ NO

Participant name

Insurance Company

Participant name

Insurance Policy Number

Legal Guardian Signature

Physician's Name

Mother's Signature

Physician's Phone Number

Father's Signature

(OVER)

MEDICAL INFORMATION

If for more than one student, please list who and what in each box.

Allergies (food, medicine, etc.)

Special Medical History (surgeries, long-term illness, fractures, etc)

Medical Dietary Restrictions

Medication Currently Taking

Other Medical Information That Might Be Helpful: