



### Scenic Hills Church of Christ Youth Release of Liability Form

We (I) understand Scenic Hills Church of Christ is a not-for-profit church that sponsors various programs designed to minister to youth (hereinafter "Ministry Programs") and that precautions are taken to ensure that the Ministry Programs are conducted in a safe and responsible manner. However, we (I) further understand that because of the nature of activities within the Ministry Programs in which we (I) am enrolling my child/youth, \_\_\_\_\_, (hereinafter referred to as "Participant"), regardless of the supervision, there is a potential for injury during any activity.

In consideration for the Participant being accepted by Scenic Hills Church of Christ for participation in their Ministry Programs, we (I) do hereby release, indemnify, forever discharge and agree to hold harmless Scenic Hills Church of Christ, their elders, deacons, ministers, employees, volunteers, and agents (hereinafter referred to collectively as "Scenic Hills") 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 resulting in any way from or in any fashion arising from the minor Participant's participation in the Scenic Hills Church of Christ Ministry Programs whether caused in whole or in part by negligent acts or failure to act by Scenic Hills, its elders, deacons, ministers, employees, volunteers, agents or otherwise.

This release, indemnification agreement, and waiver specifically includes, but is not limited to, any claim which might otherwise be brought on behalf of myself or the Participant for (a) negligence or negligent supervision by Scenic Hills; (b) any injury or harm that may occur while the Participant is on the property owned or used by Scenic Hills before, during or after the Ministry Program and (c) any negligent act or failure to act on the part of those chosen to administer emergency medical care to the Participant. We (I) acknowledge by my signature below that we (I) have carefully read this release and that we (I) fully understand that this is a waiver of claim and release of liability of Scenic Hills from any and all claims made by us (me), or on our (my) behalf, or on behalf of the Participant minor child, regardless of whether those claims are caused by the negligent acts or failure to act of Scenic Hills, its elders, deacons, ministers, employees, volunteers or agents.

By our (my) signature(s) below, it is our (my) understanding that the Church will attempt to notify us (me) in case of a medical emergency involving our (my) child/youth, but if the Church cannot reach me, we (I) consent to the administration of first-aid and/or doctor's care or any form of medical treatment necessitated by illness or injury for the minor Participant and we (I) agree that we (I) will pay for any medical expenses incurred.

Scenic Hills is granted permission to use any individual or group photograph taken at the event showing my child for publicity or brochure purposes. In addition, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) assume all transportation costs.

**Child/Youth Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Parent(s)/Legal Guardian(s) Name** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

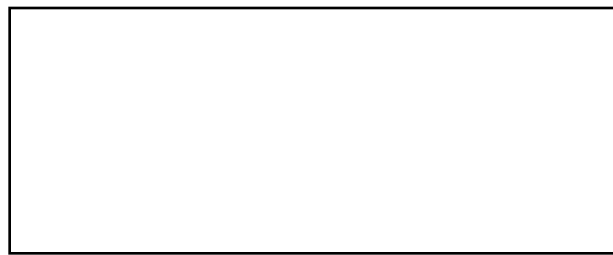
**Parent(s)/Legal Guardian(s) Name** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public





MEDICAL INFORMATION

STUDENT INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact (Name and Phone): \_\_\_\_\_

HEALTH HISTORY

Date of Last tetanus shot: \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list all medical conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

- Child is responsible for taking his/her own medication
 I would like an adult representative to administer/oversee my child's medication.
(All medication is to be in the original container with prescription information printed)

May adult representatives of Scenic Hills Church of Christ administer over the counter medications as necessary?

- No  Yes \_\_\_\_\_
(only medication listed above will be administered)

PRIVACY PRACTICES:

I understand that by signing the Scenic Hills Church of Christ Parental Consent and Medical Authorization that a representative of the church will be in possession of my minor child's medical information. I further understand that in the event of an emergency, I am giving permission for Scenic Hills Church of Christ's representative to provide the medical information contained on the Parental Consent and Medical Authorization form to any and all health care providers selected by Scenic Hills Church of Christ representatives for the purpose of providing necessary and appropriate medical care to my minor child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_