

## McBIC YOUTH MINISTRY RELEASE FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

### Parent/Guardian Information:

1. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Events: All Student Youth Ministry Activities, Retreats, & Mission Trips for one year **August 28, 2019 - August 28, 2020**

### MEDICAL INFORMATION

#### CURRENT PRESCRIPTION MEDICATIONS:

| Name of Medication | Dose/Time taken | Reason |
|--------------------|-----------------|--------|
| _____              | _____           | _____  |
| _____              | _____           | _____  |
| _____              | _____           | _____  |

Allergies: \_\_\_\_\_

Any other medical/psychological concerns we should be aware of? \_\_\_\_\_

A note about medication: If your student is taking prescription medication with them on any McBIC activity or retreat, we must be informed. Our staff will keep a record of that information for the duration of the activity which will be kept confidential. Our team will be there to ensure they are taking their medication properly and to assist them, if needed.

### INSURANCE INFORMATION

NAME OF INSURANCE COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

INSURANCE POLICY: \_\_\_\_\_ GROUP #: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Parents/Guardians and Students must sign below, indicating his/her acceptance.

Parents/Guardians must also **continue to the next page** and initial each text box, indicating his/her acceptance.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT AND STUDENT AGREEMENT**

We (parent/guardian and student) understand that inappropriate behavior towards another student, adult leader, private party, church property, vehicles, the property or persons of places we may visit during an event, will result in disciplinary action to be determined by the leadership of McBIC. In the event of property damage, the student and parent agree to reimburse all damages caused by the student. Should it be necessary for my student to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

*Student initials* \_\_\_\_\_ *Parent/Guardian initials* \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND RELEASE**

I/we, the undersigned, acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks named above, if minor is healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless. McBIC acknowledged that any McBIC activity may involve transportation in a personal vehicle, a van or a bus. The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

*Parent/Guardian initials* \_\_\_\_\_

**GRANT OF PERMISSION**

I/we the undersigned, (if minor, parents/guardians) hereby grant permission and authority to McBIC, its officers and authorized employees, agents or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release McBIC, its employees, agents, volunteers and/or officers and hold harmless from liability for any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by McBIC and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

*Parent/Guardian initials* \_\_\_\_\_

**IMAGE/INTERVIEW RELEASE**

In connection with participation in the above listed event/activity, I/we the undersigned, (if minor, parents/guardian) hereby grant to McBIC, its successors and those acting under its authority the right to use participant's name, image and/or interviews in all forms of media including advertising and related promotion. I/we grant this right without compensation and release McBIC, its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

*Parent/Guardian initials* \_\_\_\_\_

**HEALTH INSURANCE (ONLY INITIAL ONE)**

I/we understand (if minor, parents/guardians) hereby confirm that the participant listed above **HAS** health insurance coverage that is effective as of the activity listed above.

*Parent/Guardian initials* \_\_\_\_\_

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above **DOES NOT HAVE** health insurance. I/we understand that we will personally assume all financial responsibility in the event of an injury, disability or death that is associated with participation in the activity listed above and will indemnify and hold harmless McBIC as acknowledged above.

*Parent/Guardian initials* \_\_\_\_\_