

Escape Diez

August 23rd - 27th, 2010

CONSENT, RELEASE FROM LIABILITY, AND MEDICAL CONSENT FORM

I, _____ hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at Eugene Christian Fellowship, including activities on and/or away from the church premises as well as transportation to and from such activities and trips to foreign countries.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR ILLNESS AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION. As lawful consideration for permitting me (my child) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge Eugene Christian Fellowship, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from any and all activities, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities and trips to foreign countries.

Child's Name: _____ Sex: _____

Phone: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Date(s) of Activity: August 23 – 27, 2010

Emergency Notification:

Name: _____

Home Phone: _____

Work Phone: _____

Insurance Company: _____

Doctor's Name: _____

Alternate Contact:

Name: _____

Home Phone: _____

Work Phone: _____

Policy #: _____

Phone #: _____

PLEASE FILL OUT BOTH SIDES OF THIS FORM

HEALTH HISTORY

Allergies:

Drugs

Asthma

Hay Fever

Insect Stings

Other

Diabetes

Cardiac

Chronic Asthma

Nervous Disorder

Epilepsy

Physical Handicap

Emotional Handicap

Mental Handicap

Seizure Disorder

Other

Date of last Tetanus Shot:

If you have circled any of the above, please give details:

Activity restrictions:

MEDIA RELEASE:

Occasionally photos and video footage is taken during Student Ministry events and used for promotional material. I authorize Eugene Christian Fellowship to use photos or video taken of my student for use in brochures, articles, websites and/or videos. At no time will event photos or video footage be used by unrelated organizations.

I grant permission for Eugene Christian Fellowship to use photos and videos of my child for promotional materials. ___Yes ___No

(If no please include a picture of your student for identification purposes. We will NOT publish this picture.)

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by Eugene Christian Fellowship to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of myself (my child) for physical illness or injury that I/he/she may sustain during or while being transported to this activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This CONSENT, RELEASE FROM LIABILITY, and MEDICAL CONSENT shall remain effective until revoked in writing and delivered to any officer, employee or agent of Eugene Christian Fellowship.

Executed this _____ day of _____, 2010, at _____.

Signature: _____