

Medical & Liability Release for Students

Please fill out this form in its entirety and bring it with you to the event.



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Gender: Male ___ Female ___

SS# _____ Date of Birth: _____

Church _____ Church Phone: _____

Emergency Phone Numbers: Day _____ Evening _____

Date of Last Tetanus Shot _____

Insurance Co. _____ Policy # _____

Please list any medical conditions/problems or allergies, continuing on back of form if necessary.

Medical Policy: In case of medical emergency, I understand every effort will be made to contact my next of kin. In the event he/she cannot be reached, I hereby give permission to the physician selected by the director to hospitalize and secure proper treatment for, and order injections, anesthesia or surgery for the person named above. I also affirm that the above information is both complete and correct.

Liability Waiver: In consideration of the permission granted to me by Christian Education Ministries of the Associate Reformed Presbyterian Church to participate in recreation and athletic events, including but not limited to swimming, the ropes course, the climbing walls, pumper pole and Christian Education Ministries-approved off-campus activities, I hereby release and discharge Christian Education Ministries of the Associate Reformed Presbyterian Church and all other ARP agencies, their agents, employees and officers from all claims, demands, actions and judgements which the undersigned now has or may have or which the undersigned's heirs, executors, administrators or assigns may have or claim to have against Christian Education Ministries of the Associate Reformed Presbyterian Church, its successors or assigns, for all personal injuries, known and unknown, which the above-named person has or may incur by participating in the above-described activities.

Permission: I hereby authorize CEM to use pictures of my child in promotional materials, on their web site or in the ARP Magazine.

I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Release made by the undersigned as parent/guardian of _____

Participant's signature

Date

Parent's signature if above named person is a minor