

2018-2019 Participant Release Form for participation in Chapel Hill Church activities

Name of Participant/Student (*please print*) _____

Liability Release Agreement

I/we understand that there are inherent risks involved in any activity, and I/we hereby release Chapel Hill Church, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the Chapel Hill Church organization.

*During the time your child is with Chapel Hill Church, they may be photographed or video taped for promotional materials.

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend all activities planned by Chapel Hill Church, or are of legal consenting age myself.

Medical Release Agreement

I/we, the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend all activities planned by Chapel Hill Church, or are of legal consenting age myself. In the event that I/he/she is injured while attending any activity and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize any staff of Chapel Hill Church (volunteer or paid) to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call.

In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the activities.

Photo Release Agreement

I/we understand and give Chapel Hill Church permission to photograph my child and use his or her picture for the church's website, Facebook, and printed publications. Chapel Hill Church will never publish a child's name with any of its publications.

Full Name of Participant/Student _____

Date of Birth ____/____/____

Home Address _____

Phone _____

E-mail address _____

Emergency Contact Information

1) _____ 2) _____

Relationship to Participant _____ Relationship to Participant _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email address _____ Email Address _____

(Continued on back)

(2018-2019 Participant Release Form Continued)

Name of Participant/Student *(please print)* _____

Insurance/Medical Information

Date of Last Tetanus Shot _____

Known Allergies _____

Current Medications or Health Conditions

****Please attach a copy of your insurance card to this form.***

Name of Health insurance company _____

Health insurance policy number _____

Phone/address of health insurance company _____

Name of policy holder _____

Policy holder's phone number _____

Parent/Guardian (Print) _____

(Signature) _____ Date _____

*If the participant is older than 18 years, print and sign below:

(Print) _____

(Signature) _____ Date _____