

TIKVAT YISRAEL MESSIANIC SYNAGOGUE

1370 Richmond Road
Lyndhurst, OH 44124

**MEDICAL/ LIABILITY RELEASE FORM TO PARTICIPATE
IN YOUTH ACTIVITIES
(Release of All Claims)**

In consideration of acceptance by TIKVAT YISRAEL MESSIANIC SYNAGOGUE for participation in _____ we, (I) being twenty-one (21) years of age or older, do for myself and for and on behalf of my child participant if said participant is not twenty-one (21) years of age or older, *hereby release, forever discharge and agree to hold harmless* TIKVAT YISRAEL MESSIANIC SYNAGOGUE and the Youth Leader, liability of any nature whatsoever which may be incurred by the undersigned and minor-participant in the above described trip or activity.

I (We) hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in the activity.
- 2) I grant TIKVAT YISRAEL, its employees, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning home at my own expense for medical treatment or in case of emergency.
- 3) Accident and health insurance are recommended for my participation in this field trip / activity. I understand that TIKVAT YISRAEL encourages me to have appropriate insurance for the entire time of the field trip / activity.
- 4) I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by TIKVAT YISRAEL to ensure the best interest, comfort, and welfare of the trip.
- 5) I voluntarily indemnify and hold harmless TIKVAT YISRAEL MESSIANIC SYNAGOGUE, its Board, Employees, Directors, and Volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages, costs, or expenses, of any nature (including attorney fees) whatsoever arising out of my participation in the field trip / activity and which do not arise out of negligent acts or omission of an officer, employee, and agent of TIKVAT YISRAEL, Board, employees, and volunteers, while acting within the scope of their employment and/or duties for TIKVAT YISRAEL.
- 6) I certify that I have read this document, and fully understand and accept its terms.

Participant Signature (If over 18 years of age)

Print Participant Name Date

Parent / Legal Guardian Signature

Print Parent/Legal Guardian Name Date

Parent / Legal Guardian Phone

Emergency Phone – Name

TIKVAT YISRAEL MESSIANIC SYNAGOGUE
PARENT MEDICAL / LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity listed on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my accident/health insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by *TIKVAT YISRAEL MESSIANIC SYNAGOGUE* and its agents during the activity. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold *TIKVAT YISRAEL MESSIANIC SYNAGOGUE*, its Board, Employees, Directors, and Volunteers, their respective officers, and agents liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Participant Signature (if over 18 years of age)

Print Participant Name Date

Parent / Legal Guardian Signature

Print Parent/Legal Guardian Name Date

Parent / Legal Guardian Phone

Emergency Phone – Name

**TIKVAT YISRAEL MESSIANIC SYNAGOGUE
HEALTH FORM**

Name of Student _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Date of Birth _____ Age _____ Sex _____

Height _____ Weight _____

Emergency Contact:

Parent / Guardian Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes _____ No _____

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Physician _____ City _____

Phone Number _____

**TIKVAT YISRAEL MESSIANIC SYNAGOGUE
HEALTH FORM (Continued)**

If your child should require medical attention for injuries received or illnesses contracted prior to the activity, please send us the necessary information to give him/her proper medical care during his/her time with the Youth Ministry activity.

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken while participating in this activity:

Allergies to medications? Yes ____ No ____ If so, what? _____

Other allergies? Yes ____ No ____ If so, what? _____

Does your child have any of the following conditions? If so, please check.

Hay fever _____ Heart condition _____ Diabetes _____ Insect Stings _____

Epilepsy/Nervous Disorder _____ Asthma _____ Frequent Stomach Upsets _____

Physical Handicaps _____ Major Illnesses during the year _____

If any of the above is checked, please provide details. (Example: include normal treatment of allergic reactions.) _____

Date of last Tetanus Shot _____ Contact Lenses _____

Swimming Restrictions? Yes ____ No ____

Participant Signature (if over 18 years of age)

Print Participant Name Date

Parent / Legal Guardian Signature

Print Parent/Legal Guardian Name Date

Parent / Legal Guardian Phone

Emergency Phone – Name