



Name: _____ Event: MS Mission Adventure '19

Date of Birth: ____/____/____ Grade Completed: ____ Age: ____ Gender: ____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name/s: _____

Home Phone: _____ Cell Phone: _____

Secondary Contact to Notify in Event of Emergency: _____

Their Relationship to You: _____ Phone: _____

Medical Insurance Company: _____

Group #: _____ Policy #: _____

Insurance Company Address: _____

Physician's Name: _____ Phone: _____

All Physical Limitations (asthma, diabetes, allergies, etc.) and/or special instructions (rare blood type, wears contact lenses, etc.): _____

List all medication taken on a regular basis (prescription medications must have a pharmacy label and be in the original container): _____

Students and parents both should initial beside each statement to indicate their understanding and compliance:

_____ Involved with regular activities within the student ministry at ChristWay (Life Group, etc.)

_____ Has a positive attitude, is "fluid" and hard-working

_____ Displays a desire to grow in their walk with God

_____ Exhibits behavior that is uplifting to others at church, school, work and home

_____ The health history is correct as far as I know, and the person herein described has permission to engage in all pre-scribed activities except as noted. *(Please initial.)*

_____ I hereby give permission for church sponsors to administer over-the-counter medications if necessary. Dosages will be administered according to directions on the packaging unless a physician directs otherwise. *(Please initial.)*

_____ I know that media will be used to capture comments, interviews, pictures and video of these activities in which my child will participate. By signing this form, I give my consent and permission for the taking of photographs, recordings, statements and/or video of my child during this event. I hereby grant to ChristWay the right to edit, use and reuse these materials for its purposes in print, on the internet, and all other forms of media and all claims, demands and liabilities whatsoever in connection with the above. *(Please initial.)*

I hereby acknowledge that said student is presently under my care, custody, and control. I hereby give him/her my express permission to attend any of the events/outings sponsored by ChristWay Community Church.

I further expressly grant my permission to participate in all activities of each outing.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to ChristWay Community Church or its representatives, the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery on said student which may in their sole discretion be necessary and proper under the circumstances.

I also release, acquit, and forever discharge ChristWay Community Church, their personnel, chaperones, and any parties volunteering on behalf of the church from any and all actions, damages, liabilities, costs or expenses of any kind resulting from or relating to activities of the outing. I acknowledge that this is a full and complete release for all injuries and damages, which the above student may sustain as a result of participating in the activities.

I understand that my son/daughter will be dismissed from the outing and sent home at my expense if he/she does not adhere to the rules.

Parent/Guardian Signature

Date