

**Student Ministry Registration and Medical Release Form****Year 2017 – 2018**

Students First and Last Name	Birth Date	Gender	Grade	School
Address Street	City	State	Zip	Home Phone

Cell Number: \_\_\_\_\_ Do Not Text:  Email: \_\_\_\_\_

**Additional Children:**

Students First and Last Name	Birth Date	Gender	Grade	School
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Cell Number: \_\_\_\_\_ Do Not Text:  Email: \_\_\_\_\_

Students First and Last Name	Birth Date	Gender	Grade	School
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Cell Number: \_\_\_\_\_ Do Not Text:  Email: \_\_\_\_\_

<b>Mother or Guardian</b>	<b>Father or Guardian</b>	<b>Emergency</b>
Name: _____	_____	_____
Cell Phone: _____	Do Not Text: <input type="checkbox"/>	Do Not Text: <input type="checkbox"/>
Work Phone: _____	_____	_____
Email: _____	_____	_____
People authorized for Pick-up (other than parents/guardians): _____		

<b><u>Special Needs, Allergies, Custodial Agreements, etc....</u></b>	<b><u>Medical Insurance Provider:</u></b> Medical Insurance Company:  Policy #: <i>(Provide a copy of your insurance card front and back for our records.)</i>
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This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability personal losses of named student(s).

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for an injury, loss, or damage to person or property that may occur during the course of my/our child's/student's involvement. In the event that he/she is injured and required 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 required from a physician and/or hospital personnel designated by the Church, 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. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the pastors or volunteer leadership.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Relationship To Student: \_\_\_\_\_

# Ridgedale Baptist Church

## 2017-2018 General Waiver and Release

Name of Child/Student Participant \_\_\_\_\_  
(list multiple children/students)

**Consideration:** I acknowledge the personal benefits accruing to me (and The Participant, as applicable) resulting from participation in church sponsored events and am aware of the activities in which I (or The Participant(s) applicable) will be involved in through said participation.

**Activity Release:** I hereby declare and affirm that I am the parent or legal guardian of The Participant identified on this form or that I am the adult (at least 18 years old) participant identified on this form ("The Participant") and that my consent and permission for The Participant's participation in Church sponsored events is legally sufficient and that no consent from any other person is required by law. I give my full and unqualified permission for The Participant to participate in all church-sponsored events during the current year August 1, 2017 to July 31, 2018 with the exception of the following: (Please list all events or activities from which you are withholding, limiting or otherwise qualifying your permission.)

**Release/Indemnification:** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above-indicated participation and release absolutely, forever discharge, hold harmless and covenant not to sue Ridgedale Baptist Church, its pastors, ministers, directors, officers, employees, agents, volunteers, and affiliates (Ridgedale Baptist Church LLC Knoxville, TN) from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of participation in church sponsored events (the "Claims"). I agree to indemnify Ridgedale Baptist Church for any such claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Risk:** I am aware of the risks associated with participation in Church sponsored events and do hereby voluntarily assume full responsibility for any risk or loss, property damage or personal injury, including death, that may result from participation in such events.

**Appointment of Medical Authority:** I hereby appoint the Church or its designee as my attorney in fact and vest any of them with authority to authorize any necessary dental, medical or hospital care / treatment for The Participant. I further consent to any dental, medical or hospital care deemed necessary by a licensed physician and/or by the Church or its designee and agree to hold such persons and/or Ridgedale Baptist Church harmless from any claims, demands or suits for damages arising from such care and/or from consenting to such care.

**Acceptance of Medical Expenses:** I agree to pay any and all medical expenses incurred in the care of The Participant. I hereby declare and affirm that my consent and agreement to pay any expenses resulting from any dental, medical or hospital care / treatment provided to The Participant is legally sufficient and that no consent from any other person is required by law.

**Media Release:** I give my consent for the taking of photographs and/or video/audio recording of The Participant by Ridgedale Baptist Church and irrevocably waive and/or assign any and all rights (including copyright) in such media to Ridgedale Baptist Church. Ridgedale Baptist Church, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or video/audio recordings.

### Understanding:

I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of legal counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution. It is understood and agree that copy of this form shall be treated as authentic and binding as the original.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

**Please check the box which Applies:**    Parent/Guardian of The Participant    The Participant 18 years of age or older

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are a Parent/Guardian of The Participant who is under 18 years of age, please include the following:

Your Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_