

Christian Church of Jasper Consent and Medical Release Form 2010-2011

Participant Information

Participant's Name _____ Date of Birth _____ Male
Female

Street Address _____ City _____ Zip _____

() - _____ () - _____
Home Phone Cell Phone

Medical Insurance Company _____ Policy Number _____

Medical Insurance Company Phone _____ Policy Holder's Name _____

Guardian Information

Parent or Guardian Name _____ Relationship to Participant _____

() - _____ () - _____
Home Phone Cell Phone

Emergency Contact Information

Emergency Contact _____ Relationship to Participant _____

() - _____ () - _____
Home Phone Cell Phone

Questionnaire

Do you have any known allergies? YES NO

If "yes" please list. _____

Do you have any known medical conditions? YES NO

If "yes" please list. _____

Are you taking any prescription medication? YES NO

If "yes" please list. _____

Are you taking any non-prescription medication? YES NO

If "yes" please list. _____

Release Statement

The undersigned or the legal guardian of the undersigned desires to participate in various programs, events, or activities (hereinafter collectively referred to as "activities") operated or sponsored by Christian Church of Jasper (here in after referred to as "CCJ"). The undersigned or the legal guardian of the undersigned further understands and acknowledges that the undersigned may incur personal injury or bodily damage while participating in such activities.

The undersigned or the legal guardian of the undersigned further understands and acknowledges that CCJ will not allow the undersigned to participate in such activities without releasing and holding harmless CCJ. Furthermore, the undersigned or the legal guardian of the undersigned requests that CCJ allow them to participate in activities and in consideration thereof, agrees to hereby release, and forever discharge CCJ, it's officers, directors, employees, agents, and any parties volunteering on behalf of CCJ, from all claims, costs, expenses, or damages of any kind growing out of or related to any activity of CCJ in which the undersigned participates.

The undersigned and the legal guardian of the undersigned acknowledges that this is a full and complete release for all injuries and damages that the undersigned or the family of the undersigned may sustain as a result of the undersigned's participation in CCJ activities.

_____|_____|_____
Signature of Participant (If 18 years or older) or Parent or Legal Guardian Date Signed

Consent Statement

I, _____ the legal guardian of _____ give my full consent for him/her to participate in activities under the direction of or in association with CCJ. The undersigned, being a parent of/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in activities, including transportation to and from the activity site. This authority is granted only after a reasonable attempt has been made to contact me or the listed emergency contact.

_____|_____|_____
Signature of Parent or Legal Guardian Date Signed