

**2012 Medical and Liability Release Form
Southwest Christian Church Youth Ministry**

Name: _____
Phone # (____) _____
Address: _____ Apt _____ City _____ State _____ Zip _____
Birth Date: ____/____/____ Sex: ____ Social Security#: ____/____/____ Driver's License #: _____
Student's Email Address _____
Parent's Email Address _____

Emergency Notification:

Name: _____
Home Phone: (____) _____
Work Phone: (____) _____
Relationship to Student: _____

Alternate Contact:

Name: _____
Home Phone: (____) _____
Work Phone: (____) _____
Relationship to Student: _____

Family/ Other Physician:

Name: _____ **Phone #:** (____) _____

I herewith give my permission for _____ to attend all Youth Ministry related activities for year 2010 with the Southwest Christian Church Youth Ministry and its Sponsors.

LIABILITY RELEASE: I am giving my child voluntarily participation in these activities including transportation to and from such activities, with my full knowledge of the possible dangers involved and I hereby agree to accept any and all risks of injury as a result of participation and transportation.

As lawful consideration for permitting (my child) to participate in such activities, including transportation to and from such activities and allow the use of pictures or other media taken during Youth events to be used by the Youth department, I hereby release and discharge Southwest Christian Church, its officers, employees, elders, and custodians from all actions, claims, or demands I and my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused by such church, officers, employees, elders and custodians before or during participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

MEDICAL CONSENT: I authorize the sponsors of this activity, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical, surgical or dental treatment while on this event. It is understood that I will assume financial responsibility for any expense that may be incurred for said emergency treatments.

Please list any allergies, medications being taken, medical problems, or other pertinent information:

Signature of Parent or Legal Guardian

Date: ____/____/2012

INSURANCE INFORMATION:

Name of Insured: _____ Social Security # of Insured: _____ - _____ - _____
Insurance Co.: _____ Group/Policy #: _____
Contact Person & Phone No. _____ (____) _____