



# STUDENT MINISTRY PERMISSION SLIP/MEDICAL RELEASE FORM

Each student participant must have his/her parent/guardian sign the Medical Release Form.  
Each adult participant must sign the Medical Release Form.

## HARVESTUDENTS Meetings and Events August 2018 – July 2019

Please Print Clearly:

Participant \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact in case of an emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

Participant's Medical Information:

Policy Holder \_\_\_\_\_ Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Please indicate which of the following describes you (check all that apply):

Male  Female  High School Student  Middle School Student  Group Leader  Adult Chaperone/Sponsor

"Having been made aware of the activities the participant will be doing, I hereby consent to the participant's participation in the Harvest Community Church Youth Ministry Event. I voluntarily release and forever discharge Harvest Community Church (HCC) from any and all liability, claims, actions or rights of action which are in any way related to the participant's participation in the consented event. I agree to indemnify and hold HCC harmless from any and all costs or damages, including attorney's fees, incurred in connection with the participant's participation in the event's activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against HCC arising from the participant's participation in the event's activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution. In case of emergency, I understand that every effort will be made to contact parents or guardians of minor participants. However, if parents or guardians cannot be reached, or if I, the below signed participant am 18 years of age or older, I hereby give HCC permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the participant's health, safety and welfare. I release HCC from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the participant's participation in all activities."

**Allergies/Medication/Medical concerns:** Please list any allergies, medication instructions, or medical concerns your student may take/have...

Circle the one that applies:

Parent or Guardian

Participant over age 18

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

If you are a Parent or Guardian of a participant who is under 18 years of age, please print your name below:

\_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Number \_\_\_\_\_