

Parkview Christian Church

DISCIPLINE, LIABILITY AND MEDICAL RELEASE FORM

Student's Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Birthday ___/___/___ Yr of Graduation _____
Name of Parents/Legal Guardians (with whom you live) _____

Church you're representing (if not PCC) _____
City/State _____

Group Leader's Name _____

Health Insurance Company _____ Policy # _____

List known allergies & reaction type _____

List medications currently taking: _____

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Parkview Christian Church Youth Program. The child identified on this form understands that all students are expected to abide by the event/church rules and be directly responsible to the Parkview Christian Church Youth Minister/leaders.

Parkview Christian Church Youth Minister/Leaders assume responsibility for discipline at the program/event and, if necessary may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home. Further, I do release and hereby agree to hold blameless Parkview Christian Church's employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with PCC Programs. I also release the lessor of properties on which the Program is held. I agree to pay for any damages to PCC or lessor facilities as determined by PCC or officials.

Further, I do authorize the minister or sponsor of this activity or, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. Further, I give Parkview Christian Church permission to use photo and video taken at this program in promotional materials. Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below.

I have read and agree to the information given in this entire form. We do reserve the right to ask a student or sponsor to change clothes if the need arises.

Signature of Parent or Legal Guardian _____ Date _____

Person to notify in event you cannot be reached:

Name _____ Relationship _____

Phone _____

Authorization good for one year