

Life Bridge Student Ministry Activity Release Form

I (We) the parent(s)/legal guardian(s) of the following participant, hereby grant my (our) permission for him/her to participate fully in any activities sponsored by the Student Ministry from September / 2009 through and including September / 2010.

Participant (print) _____ Age/Grade _____

Birth date _____ Sex _____ Height _____ Weight _____

Parent(s)/Guardians Phone # (_____) _____ Cell # (_____) _____

Street Address _____

City _____ State _____ Zip _____

Mother/Father/Guardian (print) _____

Rules of Conduct:

- No possession or use of alcohol, drugs, or tobacco**
- No fighting, fireworks, weapons, lighters, pocket knives**
- No offensive or immodest clothing**
- Participation with the group is expected at all times**
- Respect all of the leaders in charge**
- No foul language/jokes or coarse talk**
- Respect property, one another, and comply with event schedules**

(Students who fail to comply with these rules may be sent home at their parents/guardians expense.)

I have read and understand the Rules of Conduct for participation and will abide by them as well as the directions of the leadership of the activities.

Student's Signature _____

Authorization and permission is given to Life Bridge Church to furnish any necessary transportation, food and/or lodging for participant. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all transportation costs.

I (We) hereby release, forever discharge and agree to hold harmless Life Bridge Church and the leaders thereof from any and all liability, claims or demands for personal injury, sickness, death, as well as property damage and expenses incurred by the participant while participating in any Life Bridge Student's Ministry sponsored activities. Furthermore, I (we) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

I (We) hereby agree to hold harmless and indemnify Life Bridge Church and their leaders for any liability sustained by Life Bridge Church as the result of the negligent, willful or intentional acts of the participant, including any and all expenses incurred.

(Both parents must sign unless separated/divorced, in which case the custodial parent must sign.)

Mother/Father/Guardian Signature(s) _____

Emergency contact _____ Emergency phone # (_____) _____

Medical and Liability Release Form

I (We) (being 21 years of age or older) understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event that they cannot be reached in an emergency, I hereby authorize an adult leader, in whose care my (our) child has been entrusted, to consent to the physician or dentist selected by the adult leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, X-rays, or surgery for my (our) child as deemed necessary.

Furthermore I (we) hereby give an adult leader with Life Bridge Church consent for Emergency Medical Services (911) to be contacted in the event of a medical emergency. I give consent to Life Bridge Church for transportation for my (our) child by ambulance if deemed necessary.

I (we) further understand that my (our) insurance coverage will be used as primary coverage in the event medical intervention is needed. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I (We) understand all reasonably safety precautions will be taken at all times by Life Bridge Church and its agents. I (We) understand the possibility of unforeseen hazards and know the inherent possibility of risk. I (We) agree not to hold Life Bridge Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my (our) child.

(I (We) have read the foregoing and agree to the terms established on this form)

Parent(s)/Guardian Signature _____ Date _____

_____ Date _____

Emergency contact _____ phone # (____) _____

Insurance company _____ policy # _____

Physician _____ physician phone # (____) _____

Dentist _____ Dentist phone # (____) _____

Hospital preference _____