

**The Heights Fellowship
Medical/Travel/Liability Release Form
Effective Through December 2019**

PARTICIPANT INFORMATION:

Participant's Name: _____

First

Last

Birth Date: ____/____/____ Grade: _____ School: _____

Parent/Guardian's Name(s): _____ Parent/Guardian's Phone: _____

Address: _____

Street

City

State

Zip

Please list any food and/or medical allergies:

Please list any medical conditions, medications being taken, or other information that is pertinent:

INSURANCE INFORMATION:

Name of Physician: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Name and DOB of Policy Holder: _____

I am the parent and/or legal guardian for the student listed on this form, who has my permission to attend children's/youth activities sponsored by The Heights Fellowship and its ministries, Bible study classes, small groups, and auxiliaries.

In case I cannot be contacted during an emergency, I the undersigned give permission for my child to be treated by a physician or other health care professional, and for the said health care professional to administer whatever care is necessary including anesthesia, for my child's care and safety from the period of now until December 31st, 2019.

I give permission for the above named child to travel with The Heights Fellowship and I give permission for the leaders of The Heights Fellowship to administer any emergency medical attention that my child may need from the period of now until December 31st, 2019.

The Heights Fellowship occasionally uses photographs or videos of church related activities and events for displays or publication in our church, the community, and/or on our church website/social media pages. I give unrestricted permission to The Heights Fellowship and its agents to take, use, and publish photographs of my dependent(s) for promotional efforts without the expectation of reimbursement. I give permission for their images to be used within the church building, in church publications, in news releases, and on the church website or social media pages.

I recognize that inherent risks are involved in church sponsored and church organized activities. I agree that any damages our child suffers will be our responsibility, not that of The Heights Fellowship. I agree to hold harmless and indemnify any person or organization for any damages that our child may sustain during the period of now until December 31st, 2019.

I authorize the placement of this release form in the files of The Heights Fellowship.

Any information on this form that is perjured, incomplete, or incorrect is not the responsibility of The Heights Fellowship.

Signature of Parent/Guardian: _____ Date: _____