

Adventure Student Ministry GO Spring Break
March 24-27, 2013

PARTICIPATION RELEASE
MEDICAL INFORMATION AND AUTHORIZATION FOR TREATMENT

Participant's Name: _____
Address: _____ City: _____ Zip: _____
Gender: _____ Date of Birth: _____ Current Grade: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian Phone #: _____ Email Address _____

Person to contact in case of Emergency:

Name: _____ **Relationship:** _____
Daytime Phone #: (____) _____ Evening Phone #: (____) _____
Name: _____ **Relationship:** _____
Daytime Phone #: (____) _____ Evening Phone #: (____) _____

Please list any known allergies (also include food, sunscreen, or insects): _____

Current medications: _____ Last tetanus booster: ____ / ____ / ____
Physical/Medical Limitations: _____
Medical Insurance Company: _____ Medical #: _____

IN CASE MY CHILD REQUIRES EMERGENCY MEDICAL TREATMENT I UNDERSTAND THAT I WILL BE CONTACTED IMMEDIATELY. I represent that I am the parent or Legal guardian of the Participant named on this form. I HEREBY AUTHORIZE the administration of any medical treatment deemed necessary by Adventure Christian Church Staff and/or any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital. I REALIZE THAT INSURANCE PROTECTION IS MY RESPONSIBILITY. I HEREBY GRANT PERMISSION TO ADVENTURE CHRISTIAN CHURCH FOR MY CHILD TO PARTICIPATE IN THIS EVENT.

Signature: _____ Date: _____

WAIVER OF LIABILITY:

I hereby fully release Adventure Christian Church, religious corporation of the State of California, its trustees, staff, members of the Board, and/or any adult leaders, whether volunteer or professional, from all liability for any accident(s), injury(s), and/or death caused to my child that may come from his/her voluntary participation in athletic, recreational, social, transportation and/or any other activity sponsored by Adventure Christian Church. By signing this agreement, I state that I fully understand it and this Waiver of Liability shall bind heirs, executors, administrators, assigns and/or any other persons having control over his/her my affairs.

Signature: _____ Date: _____

PHOTO & Video RELEASE:

It is my understanding that ACC may take digital pictures and/or video of my child, and I understand that ACC may use the images/video in any media for any purpose which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the images/video may be combined with other images, text and graphics, and cropped altered or modified. I hereby acknowledge and agree for ACC to use pictures/video of my child for these purposes.

Parent/Guardian SIGNATURE: _____ DATE: _____

ADDITIONAL UNIQUE INFORMATION PERTAINING TO MY CHILD:
