



**Emmanuel Faith Community Church High School Ministry**  
**Medical/Activity Release Form**

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Year you graduate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian living with child \_\_\_\_\_ Work phone \_\_\_\_\_

Other contact person \_\_\_\_\_ Phone \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance Company's phone \_\_\_\_\_

**Please include a copy of your proof of insurance card with this release form.**

BRIEF MEDICAL HISTORY AND/OR SPECIFIC INSTRUCTIONS OR INFORMATION TO PHYSICIAN OR NURSE concerning any specific physical or mental condition or medications they should be aware of.

\_\_\_\_\_

Any restrictions? \_\_\_\_\_

I (we), the parents/guardians of the aforementioned student, do hereby authorize Emmanuel Faith Community Church (EFCC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment if rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on child's release form. This medical release will be kept on file at Emmanuel Faith Community Church to use for any future activities and/or trips.

\_\_\_\_\_  
\*(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

PLEASE COMPLETE THE ACTIVITY RELEASE FORM ON THE OTHER SIDE → → → →

# Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Agreement (\*Must have a signature)

We at Emmanuel Faith Community Church (“EFCC”) request that all participants read and sign this Release, Waiver, Indemnity and Assumption of Risk Agreement to indicate that they have accepted all risks personally when participating in sporting activities, music department outings, mission trips, and youth outings sponsored by EFCC, including travel to these activities (collectively “Participation”). We strongly encourage anyone without medial insurance coverage not to expose themselves and/or EFCC to the financial ramifications of possible injury from Participation.

The undersigned agrees as follows:

I fully understand and acknowledge that there are risks and dangers associated with Participation which could result in property or bodily injury, partial and/or total disability, paralysis and death. These risks and dangers may be caused by my action, inaction or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.

I accept and assume the risk and responsibility for any losses and/or damages for any such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Released Parties.

I hereby release, waive, discharge and agree not to initiate any form of legal action against EFCC, its pastors, elders, officers, agents, employees and volunteers (collectively “Released Parties”) for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys’ fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties (“Claims and Damages”) which I have or may have in the future against Released Parties resulting from or related to my Participation.

I further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with my Participation.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.**

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PRINTED NAME OF PARTICIPANTS \_\_\_\_\_ \* SIGNATURE OF PARTICIPANTS \_\_\_\_\_ DATE \_\_\_\_\_

Emergency contact person & phone number \_\_\_\_\_

### PARENT OR GUARDIAN’S ADDITIONAL INDEMNIFICATION (Must be completed by legal guardian for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor’s name) (“Minor”) being permitted by EFCC to participate in this activity, I acknowledge that I have read and understand the attached Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Form, agree to be bound by its terms, and further agree to indemnify and hold Released Parties harmless from any and all Claims and Damages which are brought by, or on behalf of Minor, and which are in any way connected with such Participation by Minor. If I can not accompany the Minor in this event, I authorize **PASTOR SETH REDDEN AND/OR THE HIGH SCHOOL STAFF PERSON(S) IN CHARGE OF THE ACTIVITY/TRIP/CAMP to accompany and take full responsibility** for the minor.

\*Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_

### EMMANUEL FAITH COMMUNITY CHURCH SOCIAL MEDIA/WEB RELEASE

Digital pictures and videos are taken during student activities. These pictures and/or videos may be shown and/or used on the Emmanuel Faith Community Church website, Collide HS Ministry web site, or EFCC/Collide Social Media (Facebook, YouTube, etc.) or at a church venue. Student and parent must sign and date to authorize digital pictures or video of students to be used on any EFCC/Collide Social Media. Pictures will not include student’s name or any other form of identification.

I authorize digital pictures and/or video of me to be used by Emmanuel Faith Community Church/Collide HS Ministry:

\*Student’s signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize digital pictures and/or video of my child to be used by Emmanuel Faith Community Church/Collide HS Ministry:

\*Parent’s signature \_\_\_\_\_ Date \_\_\_\_\_

(\*Must have a signature)

PLEASE COMPLETE MEDICAL RELEASE ON THE OTHER SIDE AND ATTACH PROOF OF MEDICAL INSURANCE COVERAGE.