



# FAITH COVENANT CHURCH

## STUDENT RELEASE & MEDICAL INFORMATION

### BASIC INFO

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M / F

Street: \_\_\_\_\_ Birthday: \_\_\_\_\_

City: \_\_\_\_\_ Current Grade: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Cell #: \_\_\_\_\_

City: \_\_\_\_\_ Alt #: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work #: \_\_\_\_\_

### EMERGENCY CONTACT (To be contacted if the parent/guardian cannot be reached)

#1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Alt #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### MEDICAL INFORMATION

Allergies (including severity): \_\_\_\_\_

Medications (including purpose & dosage): \_\_\_\_\_

Special needs or concerns (& any dietary restrictions): \_\_\_\_\_

### INSURANCE INFORMATION

Provider: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Claims Phone: \_\_\_\_\_

### PARTICIPATION AGREEMENT/RELEASE:

I acknowledge that participation in sponsored activities involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in various activities, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Faith Covenant Church for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

I hereby authorize an adult leader of this activity as an agent for the participant, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state of Michigan, either at a doctor's office or in any hospital. In the event of an emergency, expect to be contacted as soon as possible. Faith Covenant Church may use comments, photos, video, etc. of the student in its promotional materials.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information is the same (to be updated 12-18 months):

\_\_\_\_\_  
Initial & Date

\_\_\_\_\_  
Initial & Date

\_\_\_\_\_  
Initial & Date