



CLEARBRANCH UMC
8051 GLENN RD., TRUSSVILLE, AL 35173
Participant Permission - Medical Release

THIS FORM IS FOR ALL 2018 CLEARBRANCH MINISTRY ACTIVITIES, EVENTS, RETREATS AND TRIPS

Name of Participant _____ D.O.B. _____ Age _____ School Grade _____

Name of Parent(s)/Guardian _____ Phone _____ Alternate Phone _____

Address _____ City _____ State _____ Zip _____

EMAIL ADDRESS (REQUIRED) _____

Permission:

- I do hereby verify the information given on this form is correct.
- I do hereby give permission for my above-named child to participate in and to be transported from **ALL** activities, events, retreats, or trips sponsored by the Student Ministry of Clearbranch UMC, Trussville, AL during 2018.
- I understand that this permission/release will apply to **all** planned activities, events, retreats or trips sponsored by the Student Ministry of Clearbranch during the 2018 year.
- I understand that, in the case of an emergency, Clearbranch employees, agents and/or sponsors will make every effort to contact me and/or the contact person named below, however;
- Should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for Clearbranch employees, agents, and/or sponsors to obtain emergency medical attention in case of sickness or injury, to my child.
- Should the named person or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by Clearbranch employees, agents and/or sponsors for the welfare of my child.

Hold Harmless:

In consideration for you allowing my child to go on said activities, events, retreats, or trips:

- I hereby release, absolve, indemnify, hold harmless, and forever discharge Clearbranch, its employees, agents, organizers, sponsor, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past present, or future arising out of injury or damage to my child while participating in any activity, event, retreat or trip.
- I assume all risks and hazards incidental to the conduct of the activities, events, retreats or trips and transportation to and from these activities, events, retreats, or trips. In case of injury to my child, I hereby waive all claims against Clearbranch, its employees, agents, organizers, sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from said activities, events, retreats or trips.
- I agree that any dispute, claim, questions, or disagreement arising out of or relating to said activities, events, retreats or trips, which cannot be otherwise resolved shall be submitted to mediation and if necessary legally binding arbitration as adopted by the Administrative Pastor and legal counsel. As a result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court have jurisdiction thereof.



- I agree to provide medical insurance for my child.

Photography Consent:

I understand that Clearbranch regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday morning LifeGroups and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness or image being used by Clearbranch in video presentations, publications, on their web site or in any other lawful manner.

Medical Insurance Information:

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check applicable box and give appropriate information below:

None Heart Trouble Bronchitis Kidney Trouble Dizziness
 Diabetes Stomach Upset Asthma Sinusitis

Allergies: List _____

Other medical conditions or medications that we need to be aware of _____

HEALTH HISTORY (Check all that apply)

Frequent ear infections _____ Frequent Colds/Sore Throats _____ Sinusitis/Bronchitis _____ Strep Throat _____
 Mononucleosis _____ Heart Defect/Disease _____ Epilepsy/Convulsions _____
 Bleeding/Clotting Disorders _____ Hypertension _____ Stomach Problems _____

ALLERGIES:

Penicillin _____ Aspirin _____ Other _____ Food _____
 Insect Stings _____ Poison Ivy/Oak/Sumac _____ Hay Fever, etc. _____

SUBJECT TO:

Sleep Walking _____ Fainting _____ Bedwetting _____ Constipation _____ Other _____

DISEASES:

Chicken pox _____ Measles _____ Mumps _____ German Measles _____ Whooping Cough _____
 Tuberculosis _____ Polio _____ Diabetes _____ Asthma _____ Arthritis _____

Other Diseases or Details of Above _____



Are immunizations up to date? _____ If no, please explain _____ Date of last Tetanus Shot _____
_____ Date of last TB skin test _____ Activity limitations? _____
_____ Do you wear contacts? _____

Specific activities to be encouraged? _____

Specific activities to be restricted? _____

List any medications or drugs taken regularly _____

Special medical or dietary regime to be continued? _____

Suggestions for Chaperones or Church Leaders _____

Emergency Notification If I am unavailable in the case of an emergency please notify:

Name _____ Phone _____ Alternate Phone _____

Signature of Father or Legal Guardian

Date

Signature of Mother or Legal Guardian

Date

If you choose to later revoke this permission/ release it must be done in writing.