

ANNUAL MEDICAL RELEASE FORM

WAIVER & RELEASE FROM LIABILITY

Student's Name: _____ Parent's Name(s): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alt Phone: _____ Date of Birth (MM/DD/YY): _____

GENERAL RULES: All participants are expected to behave in a manner that best represents Grove Avenue Baptist Church ("Grove Avenue" or "church"). As such, certain items and/or activities will not be tolerated and any person caught in violation of these rules will be sent home at their own expense and will not be given a refund. These items and/or activities include, but are not limited to:

1. Possession or use of alcohol, illegal drugs, or tobacco products of any kind;
2. Any immoral sexual behavior;
3. Verbal or physical abuse;
4. Any other rules established by Grove Avenue staff or any other sponsor involved.

YOUTH: I, _____, have read and understand the rules stated above. With my signature, I acknowledge that I have discussed the rules with my parents and together we have agreed that I will abide by these rules and also agree to the above-mentioned penalties if I should break the rules. I also agree to abide by any other rules set forth by the sponsors of Grove Avenue and all other sponsors involved.

PARENT: I, _____, the undersigned parent/person having legal custody/legal guardian of the above-named minor give permission for the above-named minor to participate in and travel with Grove Avenue Baptist Church on all event for which we have registered for in _____ (year) and I understand that I will be informed of all such activities.

- I agree to provide transportation back home for my youth if he/she is found in violation of the above-listed rules.

CONSENT TO PHOTOGRAPH: I agree to allow Grove Avenue to take, use, and reproduce any photographic image of said Youth taken while participating in the programs or activities. These images may be used in promotions or other related marketing materials.

MEDICAL RELEASE: I am confident that the adult leaders and sponsors will take appropriate care of my child and every effort will be made for his/her safety. However, I understand that accidents do occur, and in the event of an emergency, every effort will be made to contact me immediately. If Grove Avenue is unable to reach me, they will contact the below-listed individual next. In the event the church is unable to reach either person immediately, I do hereby authorize an adult leader of this activity, as agent for me, 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 where the services are rendered, either at a doctor's office or in any hospital. I also agree to reimburse any expenses not covered by the church's insurance.

- I agree it is my responsibility to notify Grove Avenue in writing of any changes in medical information prior to any event, program, or activity.

EMERGENCY CONTACT:

Name: _____ Relation to Above: _____

Phone: (H) _____ (W) _____ (C) _____

Name: _____ Relation to Above: _____

Phone: (H) _____ (W) _____ (C) _____

WAIVER OF LIABILITY: I, the undersigned parent and/or guardian of said Youth do hereby waive and release, indemnify, hold harmless and forever discharge Grove Avenue Baptist Church and its agents, employees, and volunteers, of and from any and all claims, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or in equity, that I ever had or may have, arising from or in any way related to the participation of my child in any of the events, transportation to and from, and/or any other activities related to Grove Avenue Baptist Church, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct.

I have read, understood, and fully agree to the above:

Signature of parent/legal guardian

Date

Signature of parent/legal guardian

Date

Signature of youth

Date

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public

My commission expires: _____

YOUTH MEDICAL INFORMATION FORM

INSURANCE INFORMATION (Please attach a copy of your insurance card to this form)

Name of Medical Insurance Co.: _____

Policy No./Group No. _____

Policy Holder's Name _____

MEDICAL INFORMATION

Name of Family Physician _____ Contact No. _____

Name of Family Dentist _____ Contact No. _____

Date of last tetanus shot _____

Can the Youth swim independently? _____

Any food or environmental allergies? _____

Any medication allergies? _____

MEDICINES

What medication(s)/herbal supplement(s) does the Youth take? Please include dose, frequency, and any special instructions.

Medication Name	Traveling with this Medication? Yes/No	Dose	Frequency	Special Instructions

If sending any medication(s), please send them in the prescription or over-the-counter container that is clearly labeled with the Youth's name, dose, frequency, and special instructions.

I give permission to Grove Avenue to administer the following over-the-counter items, should my child need them:

- Aspirin Motrin Tylenol Benadryl Antacid Pepto-Bismol Sunscreen Aloe