

**WOODCREEK CHURCH STUDENT MINISTRY
RELEASE AND MEDICAL AUTHORIZATION FORM**

***Student Release and Hold Harmless Agreement/Image Waiver for events and activities
from January 1, 2017 to December 31, 2017***

In consideration of my child, _____, being allowed to participate in any and all group events, retreats, trips, and projects with Woodcreek Church during the above referenced time period, and other valuable considerations the receipt of which is acknowledged, I understand the possibility of foreseen and unforeseen hazards and hereby accept all possibility of risk.

I understand that in the event medical intervention is needed, diligent attempts will be made to contact the person listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an x-ray examination, injection, anesthesia, surgery or any other medical intervention for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed. I understand that I shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child.

I DO HEREBY RELEASE, ACQUIT, HOLD HARMLESS AND FOREVER DISCHARGE WOODCREEK CHURCH, ITS AGENTS, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION OF ANY KIND WHATSOEVER, INCLUDING BUT NOT LIMITED TO ACTIONS, SUITS AND/OR CLAIMS FOR ANY BODILY INJURIES, DEATH OR PROPERTY DAMAGE WHICH MAY BE SUSTAINED BY MY CHILD LISTED ABOVE WHILE PARTICIPATING IN ANY ACTIVITIES, INCLUDING TRAVEL TO AND FROM SUCH ACTIVITIES AND ANY NEGLIGENCE OR LACK OF CARE CLAIMED TO BE DUE TO THE CONDUCT OF ANY AGENT, EMPLOYEE, OR VOLUNTEER OF WOODCREEK CHURCH. I FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS WOODCREEK CHURCH, ITS AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL CLAIMS, INJURIES AND SUITS OR JUDGEMENTS ARISING FROM, OR IN CONNECTIONS WITH, ANY INJURY MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN SAID EVENTS.

I further understand that photos and videos of my child may be taken at these activities for use in Woodcreek Church publications. I understand that publications of these photos and videos may be accomplished electronically via the Internet/World Wide Web. I waive any claim for damages against Woodcreek Church from unconsented use, altering or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web.

I understand and intend for this release and waiver of claims form to be used for all events, camps, mission trips/projects, and activities with/at Woodcreek Church during the time period specified above. If my desires change or any changes to this form need to be made, it is my responsibility to notify Woodcreek Church in writing of these changes.

Parent or Legal Guardian Signature

Date

Print Name of Parent or Legal Guardian

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Parent or Guardian Name Email

Home Phone Cell Phone Work Phone

Parent or Guardian Name Email

Home Phone Cell Phone Work Phone

(Medical Information continued on back)

MEDICAL INFORMATION

