

Event Knowledge & Consent Student Information

Name(s) _____ Grade(s) _____ Birth date(s) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
Emergency Phone _____ E-Mail _____

Medical Consent

The undersigned do hereby give permission for our (my) child, to attend and participate in the events / activities sponsored by the Children's Ministries of South Ridge Community Church, Clinton, NJ, for the next six (6) months from date of signature.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activity sponsored by the Children's Ministries of South Ridge Community Church, Clinton, NJ. (Exceptions to Safety Policy may apply if event is being sponsored by Small Group Leader and is not a Ministry-Wide Event)

Hospital Insurance (circle) Yes No Insurance Company _____ Policy # _____

Physician's Name _____ Phone # _____

List any allergies or special medical problems your child may have: _____

Liability Release

In consideration for being accepted by the Children's Ministries of South Ridge Community Church, Clinton, NJ, for participation in the events/activities, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older*) do hereby release, forever discharge and agree to hold harmless South Ridge Community Church and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned and the child-participant and that occur while said child is participating in the events/activities.

Furthermore, we (I) (and on behalf of our (my) child-participant in under 18 years*) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years*)

We (I) are the parents(s) or legal guardians(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in the events / activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery, or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Photographic Release Form

During the course of our programs and activities at South Ridge Community Church ("SRCC"), photographs and video are occasionally taken to memorialize certain events, capture the spirit of such events, or develop certain promotional and advertising materials.

Through the Photographic Release Form, I, on my own behalf or as legal guardian acting on behalf of a minor grant SRCC the right to use and display any photographic or video taken of me, or in the case of a minor, any photograph or video taken of the minor under my control, regardless of when taken, for the purpose of promoting. Advertising, describing or offering information on the activities and ministries of SRCC in all forms of media., including any publication, newsletter, newspapers, letter, other print, Internet, video, and SRCC's web site.

I release any personal or proprietary right that I may have to any such photographs and video, and I release and waive any claim that I or my minor child(ren) may have, now or in the future, to any compensation or damages as a result of SRCC use of any such photograph or video.

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

Participant (if age 18*) _____ Date _____

*If the participant is age 18-21, we ask that the parents co-sign this document in agreement with the information given. Anyone under the age of 18 is required to have their parents or legal guardians sign. We ask that both parents sign, if possible.