

Parent/ Guardian Consent Form

Participant _____

Address _____ Parents/ Guardians _____

City _____ State _____ Phone (____) _____ - _____

Age _____ Birth Date ____/____/____ Other Contact (Name/ Phone) _____

Midtowne Church 4037 Boone Road Benton, AR 72015

We, the undersigned parents/ guardians of the above named participant, grant permission for the participant to participate in the events of Midtowne Student Ministry. We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities. I authorize transportation by **Midtowne Church**.

We understand that the activity does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant while engaged in this activity which is caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury or death to the participant.

We also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If we are not personally present at these activities in which we participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

This form is valid for all Ministry Related Events at Midtowne Church for the entire year of **2015**

Parent/ Guardian Signature _____ Date ____/____/____

Participant's Signature _____ Date ____/____/____

This form must be signed and returned—only those who return this form properly signed can be granted permission to participate

Medical Release

Student's Name _____

Emergency Information

In case of an emergency, please attempt to contact:

Contact #1: Parents' Phone: FATHER: _____

MOTHER: _____

GUARDIAN: _____

Contact #2: Relative/ Neighbor: Name: _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I (we) give my permission to the sponsors of this outing with Midtowne Church to secure the services of a licensed physician or paramedics to provide the care necessary, including anesthesia, for my child's well-being.

Signed: _____ Date ____/____/____
Parent/ Guardian

If available: Insurance
Co. _____

Insurance #
