



## Youth Ministries –Information Sheet and General Release

### STUDENT INFORMATION (PLEASE PRINT)

Student's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### PARENT INFORMATION (PLEASE PRINT)

Parent Name(s): \_\_\_\_\_  
Parent Phone Number: \_\_\_\_\_  
Parent Email Address: \_\_\_\_\_

### ALTERNATIVE EMERGENCY CONTACT

Adult's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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### MEDICAL INFORMATION

Date of last Tetanus Shot (must be within last 10 years) \_\_\_\_\_

Check the appropriate blank if you have ever had any of the following apply to you.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergies (including drugs) | <input type="checkbox"/> Epilepsy             | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Dizziness or Fainting       | <input type="checkbox"/> Surgery in Last Year | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> High Blood Pressure         | <input type="checkbox"/> Bee/Wasp Reaction    | <input type="checkbox"/> Heart Trouble        |
| <input type="checkbox"/> Physical Disability         | <input type="checkbox"/> Hay Fever            | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Penicillin Allergy   |   |

**Regular Medication:** \_\_\_\_\_

### INSURANCE INFORMATION

If you do not have insurance, please call Grace Chapel Youth Ministries at 615-591-5091.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

**LIABILITY WAIVER & RELEASE**

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE TRIP OR ACTIVITY SPONSORED BY GRACE CHAPEL YOUTH MINISTRIES DESCRIBED HEREIN AND IN CONSIDERATION OF THE BENEFITS TO BE DERIVED THERE FROM, I HEREBY RELEASE GRACE CHAPEL CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HIERS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS FROM ALL CLAIMS AND LIABILITIES OF ANY KIND, WHETHER KNOWN OR UNKNOWN, WHICH ARISE FROM OR ARE CONNECTED IN ANY WAY WITH MY PARTICIPATION OR THE PARTICIPATION OF ANY MEMBER OF MY FAMILY, INCLUDING MY SPOUSE OR MINOR, IN THE TRIP OR ACTIVITY.

I RECOGNIZE THAT THE CONDITIONS IN SOME OF THE PLACES TO WHICH MY SPOUSE, MY CHILD, OR I TRAVEL MAY NOT BE OF THE SAME STANDARD AS THE CONDITIONS TO WHICH I AM ACCUSTOMED. I REALIZE FURTHER THAT THERE MAY BE CERTAIN HEALTH RISKS AS WELL AS OTHER RISKS TO PERSONNEL AND PROPERTY, AND I ENTER INTO PARTICIPATION IN THE TRIP OR ACTIVITY AND AGREE TO THE PARTICIPATION OF MY SPOUSE OR MINOR CHILD WITH KNOWLEDGE OF THOSE RISKS. IF FOR ANY REASON MY SPOUSE OR CHILD IS UNABLE TO COMPLETE THE ACTIVITY OR TRIP, IF NECESSARY I ASSUME FULL RESPONSIBILITY FOR EXPENSES INCURRED FOR ME, MY SPOUSE, OR MY CHILD, OR CHILDREN'S RETURN HOME.

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE A LEADER OF THIS ACTIVITY, AS AN AGENT FOR ME AND MY SPOUSE OR MY CHILD TO CONSENT TO: ANY X-RAY EXAMINATION; MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS; TREATMENTS; HOSPITALS CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON OR DENTIST (AS APPROPRIATE) LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE OR COUNTRY WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN A HOSPITAL. I EXPECT MY FAMILY TO BE CONTACTED AS SOON AS POSSIBLE.

I CERTIFY THAT I AM LAWFUL AGE AND COMPETENT TO SIGN THIS RELEASE, AND HAVE DONE SO VOLUNTARILY.

I UNDERSTAND THAT THIS DOCUMENT CONSTITUTES A FULL AND COMPLETE WAIVER OF ALL POSSIBLE CLAIMS FOR ANY ACT OR OMISSION, INCLUDING CLAIMS FOR NEGLIGENCE OR BREACH OR WARRANTY REGARDING INJURY OR PROPERTY DAMAGES, ARISING OUT OF MY OR ANY CHILD OF MINE'S PARTICIPATION IN THE TRIP OR ACTIVITY.

I UNDERSTAND THAT THIS RELEASE APPLIES TO, COVERS, AND INCLUDES UNKNOWN, UNFORESEEN, UNANTICIPATED, AND UNSUSPECTED DAMAGES, LOSSES, OR LIABILITIES AND THE CONSEQUENCES THEREOF, WHICH RESULT FROM THE MATTERS HEREINBEFORE INFERRED TO AS WELL AS THOSE NOW DISCLOSED AND KNOWN TO EXIST. THE PROVISIONS OF ANY STATE, FEDERAL, LOCAL, TERRITORIAL LAW OR STATUTE PROVIDING IN SUBSTANCE THAT RELEASES SHALL NOT EXTEND TO CLAIMS OR DAMAGES WHICH ARE UNKNOWN OR UNSUSPECTED TO EXIST AT THE TIME ARE HEREBY EXPRESSLY WAIVED BY ME.

**PARENT/GUARDIAN RELEASE**

As the parent/legal guardian of the above named minor, I give my permission to him/her to participate in the Grace Chapel Youth Ministries activity trip or activity. I certify the provided information is correct and I HAVE READ THE LIABILITY WAIVER AND RELEASE. In an emergency I give my permission to Grace Chapel Youth Ministries, or persons acting on its behalf, to act on my behalf regarding my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA RELEASE**

I GRANT PERMISSION TO GRACE CHAPEL CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS TO USE MY CHILD'S NAME AND/OR PHOTOGRAPHS FOR USE IN GRACE CHAPEL CHURCH PUBLICATIONS SUCH AS BROCHURES AND NEWSLETTERS, AND TO USE MY NAME AND/OR PHOTOGRAPHS IN ELECTRONIC VERSIONS OF THE SAME PUBLICATIONS OR ON THE GRACE CHAPEL CHURCH WEB SITES OR OTHER ELECTRONIC FORMS OR MEDIA. I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PHOTOGRAPHS OR PRINTED OR ELECTRONIC MATTER THAT MAY BE USED IN CONJUNCTION WITH THEM NOW OR IN THE FUTURE, WHETHER THAT USE IS KNOWN TO ME OR UNKNOWN. I HEREBY AGREE TO RELEASE, DEFEND, AND HOLD HARMLESS GRACE CHAPEL CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HIERS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS, INCLUDING ANY FIRM PUBLISHING AND/OR DISTRIBUTING THE FINISHED PRODUCT IN WHOLE OR IN PART, WHETHER ON PAPER OR VIA ELECTRONIC MEDIA, FROM AND AGAINST ANY CLAIMS, DAMAGES OR LIABILITY ARISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPHS, INCLUDING BUT NOT LIMITED TO ANY MISUSE, DISTORTION, BLURRING, ALTERATION, OPTICAL ILLUSION OR USE IN COMPOSITE FORM, EITHER INTENTIONALLY OR OTHERWISE, THAT MAY OCCUR OR BE PRODUCED IN TAKING, PROCESSING, REDUCTION OR PRODUCTION OF THE FINISHED PRODUCT, ITS PUBLICATION OR DISTRIBUTION.

I am the parent or legal guardian of the above named child. I have read this media release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**YOUTH CODE OF BEHAVIOR**

1. I will not leave the group for any reason.
2. I will participate in all group activities that I am physically able.
3. I understand the need for separated sleeping arrangements and will honor this.
4. No sexual activity; or any sexual material or paraphernalia.
5. I understand that I am not allowed to POSSESS or USE any type of weapons, tobacco, alcohol, or any other type of drugs, as well as fireworks.
6. I will respect the authority of the adult leaders and follow their instructions.

I/We have reviewed the above rules contained within the Youth Code of Behavior and agree to abide by them. I/We also acknowledge that if the subject of this release has to return home early for violation of any of the above rules it will be at my/our expense.

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_