

Bethlehem Chapel Travel Release

Participant's Full Legal Name: _____ Age: _____

Birth date: _____ Address: _____

Phone: _____ School: _____ Grade: _____

Parent/Guardian Name(s): _____

Work Phone(s)/Cell Phone(s): _____/_____

MEDICAL TREATMENT PERMISSION

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency 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 or emergency care facility. 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 or youth pursuant to this authorization.

MEDICAL INFORMATION

Covered by medical insurance: YES: ____ NO: ____ Insurance Company: _____

Policy/Group ID #: _____ Allergies or Medical Conditions _____

Prescriptions or Medicines: _____

If needed, do you authorize giving pain medicine (e.g. Tylenol or Advil) to your student? YES: ____ NO: ____

EMERGENCY CONTACT INFORMATION (if Parent/Guardian cannot be reached)

Name: _____ Relationship: _____

Participant: _____

Phone Number: _____

LIABILITY RELEASE

In consideration of Bethlehem Chapel Assembly of God, allowing the Participant to participate in activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Bethlehem Chapel Assembly of God, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in youth activities.

We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the Participant to participate fully in activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to Bethlehem Chapel Assembly of God to furnish any necessary transportation (within the limitations of church insurance and the law), food, and lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify Bethlehem Chapel Assembly of God for any liability sustained by the Church as a result of negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto.

EARLY RETURN HOME POLICY

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

TRANSPORTATION PERMISSION

The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the Church. My child and I understand that *SEAT BELTS SHALL BE WORN AT ALL TIMES* during transportation.

PARENT/GUARDIAN SIGNATURE

My signature on this Travel Release Form is an acknowledgement that I have read and understand these guidelines. I recognize that this a permission slip, medical release, and liability release. I commit to abide by the provisions of this Release Form.

Parent/Guardian Signature: _____ Date: _____