

\_\_\_\_\_ **RELEASE FORM**  
**SCHOOL YEAR**

**Student #1 name** \_\_\_\_\_  male  female Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School attending \_\_\_\_\_ List any allergies to medications \_\_\_\_\_

**Student #2 name** \_\_\_\_\_  male  female Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School attending \_\_\_\_\_ List any allergies to medications \_\_\_\_\_

**Student #3 name** \_\_\_\_\_  male  female Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School attending \_\_\_\_\_ List any allergies to medications \_\_\_\_\_

**Student #4 name** \_\_\_\_\_  male  female Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School attending \_\_\_\_\_ List any allergies to medications \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Parents/guardians names \_\_\_\_\_

Other numbers for parents name \_\_\_\_\_ cell # \_\_\_\_\_ work # \_\_\_\_\_

name \_\_\_\_\_ cell # \_\_\_\_\_ work # \_\_\_\_\_

Please name a relative or close friend we may contact if we are unable to reach the above in case of emergency.

Name \_\_\_\_\_ phone \_\_\_\_\_

## RELEASE

I understand that in the event professional medical intervention is needed for a participant in a church related activity, on or off site, a reasonable attempt will be made to immediately contact the designated parent or guardian listed on this form. In the event I, or the doctor listed below, cannot be reached in an emergency during an activity which takes place during the dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary. Gaines Church will not be financially responsible for services rendered.

I hereby release Gaines Church, its staff members, its governing organizations, its officers, trustees, employees, agents, and all other persons associated with Gaines Church from any and all liability, damages, claims, demands, actions and causes of actions of any kind or description arising out of or in any way related to any activities that the above stated student(s) may participate in or at with Gaines Church. The undersigned does hereby further agree to indemnify and hold harmless any party herein released from any claims brought by any party herein or by any third party arising out of or in any way related to any actions or activities while at an Gaines Church activity or in a vehicle driving to or from the destination. I understand this release is binding upon my heirs, executors and assigns.

I grant to Gaines Church and to its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under 18 years of age)

### Please provide the following information:

Medical insurance \_\_\_\_\_ Policy or contract # \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Hospital preference \_\_\_\_\_