

Student Release Form

School Year: _____



GainesCHURCH
ONE LIFE. ONE HOPE. ONE DESTINATION.

1612 92nd ST SE
Caledonia, MI 49316
616-698-8252 // GainesChurch.org

Student #1 Name: _____ **Grade:** _____ **Birthdate:** _____

School: _____ **Allergies/Condition:** _____

Student Mobile #: _____ **Student Email:** _____

Student #2 Name: _____ **Grade:** _____ **Birthdate:** _____

School: _____ **Allergies/Condition:** _____

Student Mobile #: _____ **Student Email:** _____

Student #3 Name: _____ **Grade:** _____ **Birthdate:** _____

School: _____ **Allergies/Condition:** _____

Student Mobile #: _____ **Student Email:** _____

*** Use back of form to list information for additional students.

Parent/Guardian Name: _____ **Mother** ___ **Father** ___ **Step-parent** ___ **Guardian** ___

Email: _____ **Mobile #:** _____

Address: _____ **Home #:** _____

Parent/Guardian Name: _____ **Mother** ___ **Father** ___ **Step-parent** ___ **Guardian** ___

Email: _____ **Mobile #:** _____

Address: _____ **Home #:** _____

Emergency Contact: _____ **Phone #:** _____

Medical Insurance _____ **Policy or Contract #:** _____

Doctor: _____ **Doctor Phone #:** _____ **Hospital Preference:** _____

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 release Gaines Church, its staff members, its governing organizations, 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, at, or with Gaines Church. The undersigned 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 a 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 the age of 18)