

*Adventure Student Ministry Beach Trip
June 17-21, 2013*

PARTICIPATION RELEASE

MEDICAL INFORMATION AND AUTHORIZATION FOR TREATMENT

Participant's Name: _____

Address: _____ City: _____

Zip: _____

Gender: _____ Date of Birth: _____ Current Grade: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Phone #: _____ Email Address

Person to contact in case of Emergency:

Name: _____ Relationship: _____

Daytime Phone #: (_____) _____ Evening Phone #: _____
(_____) _____

Name: _____ Relationship: _____

Daytime Phone #: (_____) _____ Evening Phone #: _____
(_____) _____

Please list any known allergies (also include food, sunscreen, or insects):

Current medications: _____ Last tetanus
booster: ____/____/____

Physical/Medical

Limitations: _____

Medical Insurance Company: _____ Medical

#: _____

IN CASE MY CHILD REQUIRES EMERGENCY MEDICAL TREATMENT I UNDERSTAND THAT I WILL BE CONTACTED IMMEDIATELY. I represent that I am the parent or Legal guardian of the Participant named on this form. I HEREBY AUTHORIZE the administration of any medical treatment deemed necessary by Adventure Christian Church Staff and/or any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital. I REALIZE THAT INSURANCE PROTECTION IS MY RESPONSIBILITY. I HEREBY GRANT PERMISSION TO ADVENTURE CHRISTIAN CHURCH FOR MY CHILD TO PARTICIPATE IN THIS EVENT.

Signature: _____

Date: _____

WAIVER OF LIABILITY:

I hereby fully release Adventure Christian Church, religious corporation of the State of California, its trustees, staff, members of the Board, and/or any adult leaders, whether volunteer or professional, from all liability for any accident(s), injury(s), and/or death caused to my child that may come from his/her voluntary participation in athletic, recreational, social, transportation and/or any other activity sponsored by Adventure Christian Church. By signing this agreement, I state that I fully understand it and this Waiver of Liability shall bind heirs, executors, administrators, assigns and/or any other persons having control over his/her my affairs.

Signature: _____

Date: _____

PHOTO & Video RELEASE:

It is my understanding that ACC may take digital pictures and/or video of my child, and I understand that ACC may use the images/video in any media for any purpose which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the images/video may be combined with other images, text and graphics, and cropped altered or modified. I hereby acknowledge and agree for ACC to use pictures/video of my child for these purposes.

Parent/Guardian

SIGNATURE: _____ DATE: _____

ADDITIONAL UNIQUE INFORMATION PERTAINING TO MY CHILD:
