

IMMANUEL EVANGELICAL CHURCH (IEC)
 YOUTH GROUP K-5TH GRADE
 AGREEMENT TO PARTICIPATE
2018/2019

Medical Information and Release Form

Please use separate form for each child in your family

Name of Daughter/Son: _____ Age: _____ Sex: M F
 Birth Date: _____ Grade: _____ School: _____
 Primary Parent for contact: _____ Secondary Parent for contact: _____
 Name: _____ Name: _____
 Home/work/cell Phone: _____ Home/work/cell Phone: _____
 Home/work/cell Phone: _____ Home/work/cell Phone: _____
 Email: _____ Email: _____

****For primary parent-I prefer to be contacted by email, text message or cell phone call (circle one)****

Mailing Address: _____
 Child Cell Phone: _____ Church Home: _____
 Medicines taking: _____ Medicine Allergies: _____
 List all other known allergies: _____
 Any further medical illnesses, conditions or restrictions: _____

Family Physician Name: _____ Phone: _____
 Medical Insurance: _____ Phone: _____
 Insured Name: _____ Group #: _____ I.D#: _____

I/we authorize and grant permission to personnel of Immanuel Evangelical Church to furnish any necessary transportation, food and lodging for my child while participating in an authorized activity of Immanuel Evangelical Church. I/we also hereby grant permission for the proper treatment by a licensed physician and/or hospital should it be required. I/we expect that in such emergency situations every effort will be made to contact me (us).
 I/we further give permission for any and all emergency and/or health care professional to release any and all medical information and/or PHI (Personal Health Information) as well as all information ordinarily protected and guarded under the provisions of HIPAA (Health Insurance Portability and Accountability Act of 1996) in order that the sponsor(s) my assist emergency and/or medical personnel in making decisions regarding the care and treatment of my/our child.
 I/we consent to the release of this information, without signing of a HIPAA Certificate, with the understanding that permission is limited to the duration of this event.
 Signing this agreement also allows pictures of your child to be posted online, in a newspaper or by any other means published for church purposes.

Signature of Parent(s): _____ Date: _____

Emergency Contacts (If parents can NOT be reached) and/or people who have permission to pick up your child in case you are not able to:

Name:	Relationship:	Phone:	Emergency Contact	Pick Up Child
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Parents: THE PERSON(S) INDICATED ABOVE ARE THE ONLY ONES ALLOWED TO PICK UP YOUR CHILD WITHOUT FURTHER INSTRUCTION FROM YOU THE PARENT(S).
PLEASE READ & SIGN THE BACK SIDE OF THIS FORM

DISCLAIMER

Immanuel Evangelical Church (IEC) and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives, are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with IEC and all related activities associated with the IEC.

ASSUMPTION OF RISKS

IN CONSIDERATION OF IEC allowing my child to participate **September 1, 2018 through August 31, 2019** in all events, activities, travel to such events and activities, and the IEC Youth Group Program, I acknowledge that I am aware of the possible risks, dangers, and hazards – including the possible risk of a severe or fatal injury - to my child that are associated with participation in IEC events, activities, travel and Youth Group Program.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF Immanuel Evangelical Church allowing me or my child to participate in the activities, I agree on behalf of myself and/or my child:

- 1. **TO ASSUME** and **ACCEPT ALL RISKS** associated with or related to my child’s participation in the activities.
- 2. **TO WAIVE** and **RELEASE** Immanuel Evangelical Church from any and all liability for any loss, damage, injury or expense that I or my child may suffer.
- 3. **TO INDEMNIFY** and **HOLD HARMLESS** Immanuel Evangelical Church from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my child’s participation in the activities.
- 4. **TO INDEMNIFY** and **HOLD HARMLESS** Immanuel Evangelical Church from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my child’s participation in the activities.

Acknowledgment of Parent or Guardian of Participant:

I, the undersigned parent or guardian of the Participant, hereby authorize and consent to the participant’s involvement in the IEC Youth Group programs, and activities including any use of private or public transportation deemed necessary by the IEC Youth Coordinator and/or volunteer leaders for Participant travel to and from IEC Youth Group sponsored activities and events. In addition, I hereby authorize the IEC Youth Coordinator, directors, employees and volunteers to travel to the nearest suitable medical or hospital facility in the event that emergency or other medical treatment is not available at the site of an IEC sponsored activity or event both on and off the premises of Immanuel Evangelical Church. I hereby consent to and authorize such emergency or other medical treatment of the Participant as deemed necessary in the event of an accident, injury, or illness during the activities and events sponsored by the IEC Youth Program.

I GIVE my permission for my child to be photographed or videoed for purposes to promote and market Immanuel Evangelical Church’s Youth Program. I understand these pictures and videos may be submitted to any newspaper for publication, be posted to IEC’s website and Facebook page, and/or used in a PowerPoint presentation.

I DO NOT give my permission for my child to be photographed or videoed for any event or activity sponsored by Immanuel Evangelical Church’s Youth Program.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective from and including September 1, 2018 through August 31, 2019 or until cancelled in writing by the parents.

Signature of Parent or Guardian (Under 18 years) Date

Printed Name of Parent