

2016-17 Medical/Hold Harmless Form

MINORS (AGE 17 AND UNDER)



Expires 07/01/2017 • A copy of this release may be used as if it were an original

PARTICIPANT INFORMATION:

Name _____
Date of Birth _____ Age _____
Grade (2016-17) _____ Gender: Male / Female
Address _____
City, State ZIP _____
Home Phone _____
Cell Phone _____
Email _____
Emergency Contact Person _____
Emergency Contact Phone _____
Relationship to Minor _____

PARENT/GUARDIAN INFORMATION:

Parents/Guardians Names _____
Mother/Guardian Cell _____
Mother/Guardian Work Phone _____
Father/Guardian Cell _____
Father/Guardian Work Phone _____
We/I understand that, in the event medical treatment is required, every effort will be made to contact me/us. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia or emergency surgery, for the minor's well-being.
Parent/Guardian Signature _____
Date _____

A COPY OF YOUR INSURANCE CARD MAY BE SUBMITTED IN LIEU OF COMPLETING THIS SECTION:

Insurance Company _____
Insurance Company Phone _____
Group Name _____
Member ID _____
Group Number _____

PARTICIPANT HEALTH INFORMATION:

Please list any allergies, medications being taken, medical conditions, or other important health information we should know:

May we give the minor Tylenol or Benadryl as needed? Yes / No

Date of last tetanus shot _____

Insured's Date of Birth _____

RELEASE STATEMENT:

We/I acknowledge that _____ will be participating in activities sponsored by Fairhaven Church located at 637 E Whipp Road, Centerville, OH 45459. The parents/guardians, on the behalf of themselves and the minor, (1) release the Church from all actions, claims and demands against the Church by reason of their minor's participation in the activities, and (2) agree that they shall indemnify and hold harmless the Church against any and all losses, claims or damages of the parents or minors arising out of or resulting from any activity.

Parent/Guardian Signature _____

Date _____

PHOTOGRAPH RELEASE STATEMENT:

Regarding photographs of the minor taken at the activities, I give Fairhaven Church permission to do the following for non-profit use and without charge: use at the discretion of Fairhaven Church, display at a service or event, be used in a multimedia presentation, reprint and distribute for any Fairhaven Church non-profit publication with copyright to accompany photo when used, display on the Fairhaven website, use quotes and video clips on the Fairhaven website.

Parent/Guardian Signature _____

Date _____