

PRESTON ROAD CHURCH OF CHRIST STUDENT MINISTRY  
RELEASE OF LIABILITY & MEDICAL CONSENT  
September 1, 2020-August 31, 2021

\_\_\_\_\_, my (son/daughter, self), wishes to participate in activities sponsored by Preston Road Church of Christ, including, without limitation, attendance at church service and/or participation in trips, retreats, and lock-ins from September 1, 2020 through August 31, 2021. In exchange for the benefits to my child participating in these activities, and acknowledging that there are risks associated with any activity, including, without limitation, the risks associated with transportation in motor vehicles and physical activities, I will not hold Preston Road Church of Christ, or their respective directors, employees, agents, volunteers, or representatives, liable for any accident or injury involving my child arising out of the activities in which (he/she) is participating or while otherwise under the supervision of Preston Road Church of Christ, including, without limitation, any accident or injury caused by the negligence of Preston Road Church of Christ, or their respective directors, employees, agents, volunteers, or representatives, and hereby release and waive any such claims of any nature now or hereafter existing, and agree to hold Preston Road Church of Christ harmless for all such claims. I am the parent/guardian of \_\_\_\_\_ and have the authority to grant this release.

I also hereby authorize and consent to the use and reproduction by Preston Road Church of Christ of any and all photographs taken of my child while participating in any of the activities referenced above, including, without limitation, attendance at church services and/or participation in events such as social outings, devotionals, retreats, lock-ins and trips.

To facilitate my child's participation and in the event of an emergency, I hereby give my permission for Preston Road Church of Christ, or their respective authorized employees, agents, or representatives, to consent to or refuse any emergency medical treatment which they determine in good faith to be in the best interests of my child, including, but not limited to, first aid, CPR, or emergency medical/surgical treatment, in the event of an accident or illness involving my child. I hereby give consent for any such treatment and understand that I will be responsible for any resulting charges for any such medical services sought. I am the parent/guardian of \_\_\_\_\_ and have the authority to grant this release.

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

In case of Emergency, please give name/relationship and phone number of person (other than parent/guardian) who we can contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Work: \_\_\_\_\_ Home: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following information concerning your child's medical history:

Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Allergic reactions: \_\_\_\_\_

Known medical conditions/problems: \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

Medications: \_\_\_\_\_