



WORSHIP CENTER

STUDENT MINISTRIES - RELEASE AND HOLD HARMLESS AGREEMENT

• WC Kids • Route 56 • Drive 78 • The Hub •

Participant Name: _____ Date of Birth: _____ Grade: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Email: _____

Event(s): All Student Ministry Activities, Retreats, and Mission Trips for one year from **September 1, 2017 through August 31, 2018.**

Emergency Contact Name (include Parent info. here) 1. _____ Phone#: _____

2. _____ Phone#: _____

ACKNOWLEDGEMENT OF RISK AND RELEASE

I, _____, acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks inherent in the activity listed above including the risk of serious bodily injury or death. I believe and represent that I am (or the participant named above, if minor is) healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless, Worship Center, and its employees, agents, volunteers and/or officers from any liability arising from participation in the activity listed above. It is further acknowledged that any Worship Center activity may involve transportation in a personal vehicle, a van or a bus.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

Participant or Parent/Guardian Initials _____

GRANT OF PERMISSION

I/we the undersigned, (if minor, parents/guardian) hereby grant permission and authority to Worship Center, its officers and authorized employees, agents or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Worship Center, its employees, agents, volunteers and/or officers and hold harmless from liability for any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by Worship Center and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

Participant or Parent/Guardian Initials _____

IMAGE/INTERVIEW RELEASE

In connection with participation in the above listed event/activity, I/we the undersigned, (if minor, parents/guardian) hereby grant to Worship Center, its successors and those acting under its authority the right to use participant's name, image and/or interviews in all forms of media including advertising and related promotion. I/we grant this right without compensation and release Worship Center, its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

Participant or Parent/Guardian Initials _____

HEALTH INSURANCE

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is effective as of the activity listed above.

Participant or Parent/Guardian Initials _____

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above does not have health insurance. I/we understand that we will personally assume all financial responsibility in the event of an injury, disability or death that is associated with participation in the activity listed above and will indemnify and hold harmless Worship Center as acknowledged above.

Participant or Parent/Guardian Initials _____

PARENT AND STUDENT AGREEMENT

We (parent/guardian and student) understand that inappropriate behavior towards another student, adult leader, private party, church property, vehicles, the property or persons of places we may visit during an event, will result in disciplinary action to be determined by the leadership of the Student Ministry. In the event of property damage, the student and parent agree to reimburse all damages caused by the student. Should it be necessary for my student to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

Participant Initials _____

Parent/Guardian Initials _____

Please complete the reverse side →

MEDICAL INFORMATION

Date of last tetanus shot ____/____/____

Allergies:

Prescription Medications:

Name of Medication	Condition
_____	_____
_____	_____
_____	_____
_____	_____

A note about medication: If your student is taking prescription medication with them on any Worship Center activity or retreat, we would like to know what medication they are on and what it is taken for. Any overnight retreat will also have a medical station at registration to help facilitate this process. Our staff will keep a record of that information for the duration of the activity which will be kept confidential. Our team will be there to ensure they are taking their medication properly and to assist them, if needed.

INSURANCE INFORMATION

Name of Insurance Company: _____ Phone #: _____

Insurance Policy #: _____ Group #: _____

Name of Insured: _____ Relationship to Student: _____

Doctor's Name: _____ Phone #: _____

SIGNATURE

If under the age of 18, the parent or guardian must read and initial each section above and sign below, indicating his/her acceptance. This agreement covers all Student Ministry Activities, Retreats, and Missions trips for one year from the date signed below.

Participant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____