

Eastgate Bible Chapel

Youth Ministry Photograph, Medical, and Liability Release

July 2016—June 2017

STUDENT'S NAME	BIRTHDATE	AGE
ADDRESS	CITY	ZIP
EMAIL	GRADE LEVEL 2016-2017	M F
PARENTS'/GUARDIAN NAMES		
()	()	()
HOME PHONE	WORK PHONE	CELL
Local emergency contact (in case parents are out of town):		
NAME	PHONE	

PHOTOGRAPH RELEASE

Regarding photographs taken during activities, I give Eastgate Bible Chapel permission to do the following for non-profit use and without charge. At the discretion of Eastgate Bible Chapel, photos may be displayed at a service or event or be used in a multimedia presentation, reprinted and distributed for any Eastgate Bible Chapel non-profit publication, with copyright to accompany the photos when used or to display on the Eastgate Bible Chapel web site or Facebook page (main page or youth ministries).

Yes No

Parent/Guardian Signature _____

Print Name: _____ Date: _____

HEALTH HISTORY (please explain any conditions we should be aware of): _____ _____ _____ Allergies (insect stings, medications, food, etc.): _____ Normal Treatment: _____ Name/Dosage of medications currently taking: _____ Any other conditions (heart, diabetes, asthma, epilepsy, etc.) _____ Last tetanus shot: ____ / ____ / ____ Activity restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> What restrictions? _____ _____
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Student's Name (please print) _____

LIABILITY RELEASE

Every activity sponsored by Eastgate Bible Chapel is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, you agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities. You also agree that you will not hold Eastgate Bible Chapel or its employee or volunteer assistants liable for damages, losses or injuries to the person names on this form. You understand that this form and your signature are for both medical and liability release.

MEDICAL RELEASE

As parent or legal guardian of said minor, I accept full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release Eastgate Bible Chapel from any liability, in the event of an emergency in which my child is in need or immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing *in loco parentis* to my child. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

____ Initial The above Liability and Medical Release cover any and all activities sponsored by or associated with Eastgate Bible Chapel from July 1, 2016 to June 30, 2017.

Parent/Guardian Signature _____

Print Name: _____ Date: _____

OFFICE USE: Signature verified by _____ Method: Phone Text In Person Date: _____

INSURANCE:

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in activities or on the church premises.

Medical Insurance Company Name _____ Policy # _____

Address _____ Phone # _____

Parent/Guardian Signature _____

Print Name _____ Date: _____

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