

2020 MINISTRY ACTIVITY CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child, _____, participating in events and activities sponsored by Tucson Baptist Church **between January 12, 2020 and January 12, 2021**. I certify that my child is able to participate in these activities. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, **I hereby authorize the church administration or church official to make any emergency medical decisions for my child.** If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Tucson Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand.

Parent/Guardian Printed Name

Parent/Guardian Signature - Date

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY:

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING:

MEDICAL RELEASE FORM

Valid January 12, 2020 – January 12, 2021 *(Information Confidential)*

Student Information

Student Name: _____ Age: _____ Sex (circle): Male / Female

Student birth date (MM/DD/YYYY): _____ Height: _____

Parent/Guardian Contact Information

Name: _____ Relationship: _____ Phone number: _____

Parent/Guardian Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone number: _____

Health Information

1. Describe any health factors that make it advisable for the above named to limit physical activity on a trip, stating any limitations necessary:

2. Is the above named taking any medications (circle): Yes / No

If yes, what are the directions for the medication(s):

3. **Any known allergy to any medications** (circle): Yes / No If yes, explain: _____

4. **Any known allergy to any foods** (circle): Yes / No If yes, explain: _____

5. **Any known allergies** (circle): Yes / No If yes, explain: _____

6. May have aspirin if needed (circle): Yes / No Aspirin substitute (circle): Yes / No

Family physician: _____ Phone: _____

Is there anything else we should know about the above named individual:

Insurance Information

Primary Insurance Company Name: _____

Emergency Medical Release

In case of emergency, I authorize any medical care deemed necessary by any accredited physician, nurse, or hospital while traveling to and from and while attending TBC Student Ministry events. I do also, authorize the church administration or church official to make any medical emergency decisions for my child. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Signature: _____ Date: _____