

Kindred Student Ministries Release Form

STUDENT'S FIRST NAME \_\_\_\_\_ STUDENT'S LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

PARENTS'/GUARDIAN NAMES \_\_\_\_\_

EMAIL/S \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

Local Emergency Contact (in case parents are out of town)

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Family Physician Contact

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

POLICY # \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Allergies (medications or food):

\_\_\_\_\_  
\_\_\_\_\_

Allergies (insect stings/bites, Poison Ivy/Oak/Sumac, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Name/Dosage of medications currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Blood Type \_\_\_\_\_

Health History - please explain any conditions we should be aware of (Heart, diabetes, asthma, epilepsy, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tetanus shot? (Circle one)

Yes No

Last tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Swimming restrictions? (Circle one)

Yes No

Activity restrictions? (Circle one)

Yes No

If yes to either, What restrictions? \_\_\_\_\_

**Liability Release**

Every activity sponsored by Kindred Community Church 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 sports activities including transportation to and from activities. I agree to indemnify, to exonerate, and to hold harmless the Kindred Community Church, the Kindred Community Church staff and the Kindred Community Church volunteers against loss, damage, or expense by reason of suits, claims, demands, judgments and causes of action for personal injury, death or property damage arising out of any Kindred Community Church activity.

**Medical Release**

I give permission for my child, \_\_\_\_\_, to participate in all activities as part of the ministry of Kindred Community Church of Anaheim, CA. As a 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 Kindred Community Church from any liability, in the event of an emergency in which my child is in need of 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. I accept the responsibility to update the church staff and the medical release form on file of any medical change in my child.

**Medical 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.

**Code of Conduct**

It is understood that my child will obey all regulations and follow the 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.

**Photo/Video Release**

I grant Kindred Community Church my permission to use the photographs and videos taken of my child, indicated above, during any church-related activities for any legal use, including, but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

The above liability and releases cover any and all activities sponsored by or associated with Kindred Community Church. I understand that this form and my signature are for liability, medical, code of conduct, and photo/video release.

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_