

MissionX 2014

\$250

name: _____ date of birth: _____ grade: _____
phone (h): _____ phone(c): _____
address: _____ city: _____
state: _____ zip: _____ t-shirt size: _____
emergency contact: _____ phone: _____

insurance company: _____ policy number: _____
group id/number: _____ insurance company phone: _____
physician: _____ physician phone: _____
please list all medications taken on a regular basis and what they're treating:
medication: _____
treatment: _____

I am the parent or legal guardian of the student named above, a minor, and have given my consent for him/her to attend the event being organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept, and solely assume all risk of damages and injury incurred or suffered by the student named above while attending the event organized by the Church. I hereby agree not to sue and release the Church, its' pastors, employees, agents, volunteer workers, deacon-elders, and representatives from any and all liability, claims, damages, and costs for injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in this event organized by the Church. I further agree that I shall hold fully harmless and indemnify the parties hereby released from any claims, damages, and costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released.

In the event that he/she is injured and requires attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its' pastors, employees, agents, volunteer workers, deacon-elders, and representatives from any and all liability related to expenses arising from insurance information provided above in accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event. I also agree to bring my child home at my expense should he/she become ill, or if a student ministries staff member deems it necessary.

_____ has my permission to attend MissionX 2014 in Nashville,

Tennessee: parent/guardian signature: _____

date: _____

Notary Acknowledgement ~State of KENTUCKY County of WARREN Appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand this _____ day of _____, 2010.

NOTARY SIGNATURE: _____

My Commission Expires: _____