

CHELTEN STUDENT MINISTRIES

CONSENT & MEDICAL RELEASE FORM

Date: _____

Name(s) _____ Birthday _____ Grade _____ School _____ M / F
_____ Birthday _____ Grade _____ School _____ M / F
_____ Birthday _____ Grade _____ School _____ M / F

Parents Names _____ Marital Status: _____

Home Church: _____ Employed by: _____

Insurance Carrier and ID #: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone (1): _____ Cell Phone (2): _____

E-mail(1): _____ E-mail (2): _____

Please add me to the weekly Chelten Youth email update

A PHOTOCOPY OF THIS FORM SHALL BE VALID AND LEGALLY BINDING AND MAY BE UTILIZED IN PLACE OF AN ORIGINAL. THE ORIGINAL WILL BE MAINTAINED IN THE CHURCH OFFICES.

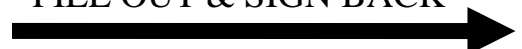
CONSENT, RELEASE AND MEDICAL AUTHORIZATION

- Blanket Permission, I hereby grant permission for my child named below to participate fully in any or all of the activities/programs that are held on or off-site with the Student Ministries of Chelten Baptist Church, Dresher, PA during the period commencing with the date of this Form.
- Release. I understand that the Church staff and adult supervisors will endeavor to provide individual care and safety for each participant in each activity and/or program. I am aware that neither the Church nor any member of its staff or adult supervisors can assume responsibility for any injury or damage, which may occur in connection with such program or activity. Therefore, by signing below I am agreeing to the Legal Release of Liability and the indemnification of the Church which are set forth on this form and incorporated herein by reference, by which I am releasing and/or holding harmless the Church, its staff and volunteers from any liability incurred by the Church arising out of any church-sponsored activity in which my child participates.
- Medical. I also give my consent, approval and authorization for Church staff or other adult supervisors to authorize emergency medical treatment for my Child if reasonably deem necessary by them.
- Tetanus Shot: ____/____/____

My Child is allergic to: _____

If needed for minor pain or fever, my Child may be given (circle all that apply):
Tylenol (Acetaminophen) Advil/Motrin (Ibuprofen)

FILL OUT & SIGN BACK



LEGAL RELEASE OF LIABILITY

The Parent hereby:

- a) Agrees to review all the information provided by the Church concerning any church sponsored activity in which the Child participates, and agrees to the precautions planned for the safety and care of the participants;
- b) Acknowledges that, notwithstanding the exercise of reasonable safety precautions, participation in any church sponsored activity involves certain actual and potential risk(s) of Loss;
- c) Agrees that should the child be asked to return home due to disciplinary action, medical reasons or otherwise, it shall be the Parent's responsibility to provide transportation home and to cover all associated and related expenses;
- d) Releases the Church from all liability for any Loss incurred by the Child or by the Parent arising out of or related to any church sponsored activity, except for Loss due to the Church's willful misconduct, and
- e) Agrees to indemnify and hold the church harmless from any liability for Loss incurred by the Church (1) as the result of injuries to the Child or (2) due to the acts of the Child; occurring in the contest of any Church related activity.

As used herein, the term "Loss" means personal injury, sickness, loss of life, or damage to or loss of property, real or personal; "church" means Chelten Baptist Church, Dresher, PA, its Elders, Trustees, Deacons, Pastors and staff, its leadership supervisors, volunteers and members; and "Parent" means the parent(s) or legal guardians(s) of the child, identified above.

Parent represents, warrants and agrees that by signing this Form the Parent has full legal authority to do so; that the Parent has legal custody of the Child; that the approval and agreement of any other parent or guardians of the Child has been obtained by Parent, and that he undertakings herein shall be binding upon the Parent, any other parent or guardian of the Child, the Child and their respective heirs, personal representatives, and assigns.

Do not use photographs of my child in any form of publicity.

TEXT COMMUNICATION

Student: _____ Cell Number: _____ Carrier: _____

Student: _____ Cell Number: _____ Carrier: _____

Student: _____ Cell Number: _____ Carrier: _____

Parent: _____ Cell Number: _____ Carrier: _____

Parent: _____ Cell Number: _____ Carrier: _____

Chelten Student Ministries wishes to stay in contact with students and parents about upcoming events and needed reminders. This new text messaging communication program allows us to send an individual student, parent or leader a single message or send an important message to the entire youth ministry in seconds. By signing this form you are giving Chelten Student Ministries permission to add your child's cell number to our communication program to receive our texts. You may also ask to be included on a parent list to receive text reminders as well.

_____ Please add my child to your text communication.

_____ Please add me to your text communication.

A copy of this release can be used as if it were an original. **Expires 8/31/2020**

Parent's Signature: _____

Chelten - a church of hope
1601 N. Limekiln Pike, Dresher, PA 19025
(215)-646-5557