

2009-2010 MEDICAL RELEASE FORM (Effective June 1, 2009-May 31, 2010)

STUDENT MINISTRIES OF CENTRAL WESLEYAN CHURCH

To be filled out by Parent Only

Name: _____ Preferred Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Grade: _____ Age: _____ Date of Birth: _____ Gender: Male Female
Mother's Name: _____ Father's Name: _____
Person to Notify: _____ Day Phone Number: _____
Evening Phone Number: _____ Cell Phone #: _____
Alternate Emergency Contact: _____ Phone Number: _____

I. MINOR CHILDREN

I, _____, the parent or legal guardian of, _____
(hereinafter referred to as "MINOR") a minor, hereby acknowledge that the Minor is presently under my care and custody. I give
permission for the Minor to go to and participate in activities with CENTRAL WESLEYAN CHURCH of HOLLAND, MICHIGAN,
(hereinafter referred to as "CHURCH"), including those activities require transportation to other locations.

THE MINOR IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO
AND FROM SUCH ACTIVITIES, WITH MY FULL KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY WE
AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OF SUCH PARTICIPATION AND TRANSPORTATION.

In the event there arises an emergency, necessitating medical or surgical attention, I consent to and give my permission to the Church,
its representatives, or trip leaders to make decisions to perform medical treatments and/or surgery upon the Minor which may, in their
sole discretion, be necessary and proper under the circumstances.

I understand that I will be financially responsible for any part of the cost of any medical treatments and/or surgery which may be
deemed necessary for the Minor to the extent not paid by insurance.

I, the undersigned parent and/or guardian of the Minor, do release, discharge, and agree to hold the Church and its representatives, or
trip leaders harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment
thereof, incurred by the Minor during activities with the Church.

Signature of parent and/or guardian _____ Dated: _____

II. ADULT STUDENTS (To be completed by those OVER 18 years of age):

I, the undersigned, am 18 years of age or older. I have read the above Medical release form including the Waiver and do agree to the
same terms. I release, discharge, and agree to hold the Church and its representatives, or trip leaders harmless, from any and all claims,
actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by or for me during activities
with the Church.

Signature of participant _____ Dated: _____

MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____
Group Number: _____ Policy Holder Name: _____
Doctor Name & Phone: _____ Date of last Tetanus: _____
List any physical limitations which might hinder participation in activities: (allergies, asthma, migraines, etc.):

List any medications (and doses) which are taken regularly: _____

List any special information should medical treatment be required (rare blood types, medication allergies, high blood
pressure, diabetes, missing organs, etc.): _____