

Three Taverns Student Ministries

Student Release Form

I am the parent or legal guardian of _____ and hereby authorize my child to attend events with Three Taverns Student Ministries and consent to their participation in all related activities.

I hereby release Three Taverns Church, it's officers, employees, agents, and volunteers from any and all liability for injuries and illnesses which my child may experience as a result of their participation in related activities. I also agree to hold harmless those released by this document from any claims which may be asserted.

Student Information

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Daytime Phone: _____ Night Phone: _____

Medical Information

Insurance Carrier: _____ Insurance Phone: _____

Policy Holder: _____ Group/policy#: _____

Emergency contact: _____ Phone: _____

Medical conditions/Allergies: _____

Medications/Dosages: _____

Waiver/Release

I do hereby consent to any medical examination, treatment or medical services that may be rendered to my child under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment. I agree to assume responsibility for payment of all fees for doctors, hospitals, ambulances and/or other medical charges reasonably and necessarily incurred.

I understand that no alcohol, drugs, or tobacco products may be used or possessed by anyone participating in this activity. Breaking of these rules will result in the participant being sent home at my expense.

Signature: _____ Date: _____

Printed Name: _____

Notary: _____ Date: _____

Commission Expires: _____