

Word of Life Fellowship Young Adult Release Form

I, _____ will be participating in scheduled Word of Life Fellowship Student Ministry activities for the year beginning September 1, 2007 and ending August 31, 2008. I hereby release, forever discharge, and agree to hold harmless Word of Life Fellowship and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred while I am participating in the above described activities.

Furthermore, I, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this student.

The undersigned further hereby agrees to hold harmless and indemnify Word of Life Fellowship, its directors, employees and agents, of any liability sustained by Word of Life Fellowship as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If an illness or disciplinary problem should occur, I am responsible for finding immediate transportation home and for covering all costs associated with travel.

Participant **X**: _____ DATE: _____

MEDICAL RELEASE

Name of Participant: _____ Date of Birth: _____

Are you aware of any physical condition that could present a problem during youth activities? []Yes []No

If yes, please explain: _____

List any recent illness: _____

Is the participant presently using any prescribed medications? []Yes []No

If yes, please explain: _____

Date of last Tetanus Shot: _____

Insurance Company: _____ Policy #: _____

I hereby give my consent for the Student Ministry leaders of Word of Life Fellowship to arrange for the performance of necessary emergency, medical, or surgical treatment on the above named participant. I also give my permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedure.

This authorization is intended to cover immunizations, injections, and minor operations and procedures. I understand that the Student Ministry leaders will attempt to contact the emergency contact by phone before relying on this authorization. It is not intended that any medical or surgical treatment will be rendered the participant without his/her personal consent.

Participant **X**: _____ DATE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____ ADDITIONAL PHONE: () _____