



STUDENT NAME	
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ADDRESS	
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PHONE	
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T-SHIRT SIZE		CHURCH	
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PARENT(S)/ GUARDIAN(S) NAME(S)	

PARENT/GUARDIAN PHONE	
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EMERGENCY CONTACT NAME	
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EMERGENCY CONTACT PHONE	
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ALLERGIES	
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MEDICATIONS	
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HOST NAME & PHONE	youth leader only
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Student Life  
**Here & Now**

**Release**

**STUDENT NAME**

**PARENT(S)/ GUARDIAN(S) NAME(S)**

**PARENT/GUARDIAN PHONE**

The undersigned does hereby give permission for our (my) child (children) to attend and participate in activities sponsored by One Tree Ministries.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical, disciplinary, or other reasons, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by One Tree Ministries.

We (I) [and on behalf of our (my) child-participant if under the age of 21 year] 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, the undersigned hereby agree(s) to hold harmless and indemnify One Tree Ministries, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Medical insurance?     yes             no

Insurance company \_\_\_\_\_ Policy# \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_