

# MAINSTREAMMINISTRIES

“Changing what is MAINSTREAM in the lives of the youth in our valley”

# MAINSTREAM MINISTRIES MEDICAL RELEASE AND CONSENT FORM

## Student Information:

Name of Child: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

List Allergies or Medical Conditions \_\_\_\_\_

Current Medications: \_\_\_\_\_

Is sponsor authorized to approve medical treatment? (circle one)                      Yes                      No

Is child covered by personal/family medical insurance? (circle one)                      Yes                      No

If yes, Name of Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

## Parent(s)/Guardian(s) Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

## Student Agreement:

In consideration for the opportunity to participate in the activities by Grandview Church of the Nazarene MAINSTREAM Ministries I, \_\_\_\_\_, hereby acknowledge and accept that participation in any of the activities sponsored by MAINSTREAM Ministries involves risks of injury associated with participation in and transportation to and from the activity to my child and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. With this understanding, I hereby give permission to my child \_\_\_\_\_ to participate in the MAINSTREAM Ministries event on which they are presently attending. In the event of an accident resulting in injuries or death, I hereby waive any rights to pursue any legal action toward Grandview Church of the Nazarene or MAINSTREAM Ministries, and/or any of its staff, members, leaders, volunteers, or any of its agents. And I hereby release and promises to indemnify, defend, and hold harmless for any injury, sickness, or death that may arise out of the negligence of my child or Grandview Church of the Nazarene or MAINSTREAM Ministries. With this understanding I (we) hereby accepts ALL personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to my child that is authorized by Grandview Church of the Nazarene and MAINSTREAM Ministries or its agents, employees, volunteers, or any other representatives. By signing this form I (we) indicate that I (we) have read and agreed with the Permission/Waiver Agreement on the reverse side of this form. I (we) also understand that I (we) must attend the Pre-Orientation meeting should one be scheduled. In the event of extreme discipline problems, I (we) understand that I (we) will be notified immediately to make arrangements to pick up my child or to have them sent home at my expense. I (we) also understand that I (we) may lose all monies paid towards this particular event and that the aforementioned student may lose the privilege of attending the next MAINSTREAM ministries sponsored event(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MAINSTREAM MINISTRIES PERMISSION/WAIVER AGREEMENT

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### Permission/Waiver Agreement

It is my understanding that participating in the programs, events, recreational, and other activities of Grandview Church of the Nazarene MAINSTREAM Ministries is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities to which I may not be presently aware.

### Release of Liability

By signing this Permission/Waiver Agreement, I expressly warrant that the child name above or I, if I am an adult volunteer or participant, am capable of withstanding both physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or myself participating in the activities, whether such risks are known or unknown to me at the time. I further release Grandview Church of the Nazarene and its ministers, leaders, employees, volunteers, and any of its agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Grandview Church of the Nazarene or its ministers, leaders, employees, volunteers, or any of its agents.

I further agree to indemnify, and hold harmless Grandview Church of the Nazarene and its ministers, leaders, employees, volunteers, or any of its agents from any and all claims arising from my participation in its activities and programs, or result of injury or illness of my child during such activities.

### First Aid and Emergency Medical Treatment

I recognize that there may be occasions where my child named above or I, if I am an adult volunteer or participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health conditions or injury. I do hereby give permission for the agents of Grandview Church of the Nazarene to seek and secure any needed medical attention or treatment for the child named above or myself, if I am an adult volunteer or participant, including hospitalization, if in the agents opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and again, I agree to pay for the medical treatment.

### Special Events and Field Trips

I understand that the child named above or I will be participating in the events of Grandview Church of the Nazarene (MAINSTREAM Ministries). I also understand that during this period my child or I, if I am an adult volunteer or participant, my take part in such activities and other activities consistent with the purpose of the church during the following **January 1, 2017 - December 31, 2017**.

### Publicity

On occasion, Grandview Church of the Nazarene takes photographs or makes audio or video recordings of children, student, and/or adults involved in church activities. Such photographs or video recordings may be used by staff, participants, and in the different church approved forms of social media to remember, celebrate, and promote the activities and participants. In addition, such photographs and audio/visual recordings may be used in and by Grandview Church of the Nazarene in any of its publications, presentations, or advertising materials to let others know about its available ministries. In addition, the local news media may hear of such activities or events, and the church may invite or allow them to photograph or record the events. I consent to the use of any such audio/visual recordings of the child named above or myself, if I am participating, to be used, distributed, or displayed by the agents as the church sees fit. The consent includes, but is not limited to: photographs, video, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio/visual recordings to be used by the news media. It is my desire that the child named above or myself, if I am participating, **NOT to be** photographed, recorded, or interviewed I will be sure to notify the responsible church leader of that sponsored event.