

**AGAPE CHURCH**  
**LIABILITY RELEASE FORM**  
**STUDENT MINISTRY TRIP / MOTION CONFERENCE 2018**  
 Release of All Claims

In consideration for being accepted by Agape Church of Jones County (the Church) for participation in **STUDENT MINISTRY for the calendar year of 2018 within the United States** we, (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant if said child is not 21 years of age or older, hereby release, forever discharge and agree to hold harmless Agape Church of Jones County and the trustees/directors, of any nature, whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

I (We) hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in the activity.
- 2) I grant the Church, its employees, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
- 3) Accident and health insurance are recommended for my participation in this field trip/activity. I understand that Agape Church encourages me to have appropriate insurance coverage for the entire time of the field trip/activity.
- 4) I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by Agape Church to ensure the best interest, comfort, and welfare of the trip.
- 5) I voluntarily indemnify and hold harmless the Church, board, employees, and volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages, costs, or expenses, of any natures (including attorney's fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the Church, board employees, and volunteers, while acting within the scope of their employment or duties for the Church.
- 6) I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_  
 Participant's Signature

\_\_\_\_\_  
 Print Participant's Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent (s) phone

\_\_\_\_\_  
 Emergency phone

\_\_\_\_\_  
 Parent Name  
 Please Print

\_\_\_\_\_  
 Or Legal Guardian Name  
 Please Print

\_\_\_\_\_  
 Parent or Legal Guardian's Signature

\_\_\_\_\_  
 Date

Parent Medical and Liability Release Statement  
Agape Church of Jones County

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Agape Church of Jones County through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Agape Church of Jones County and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Agape Church of Jones County, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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

Date \_\_\_\_\_

Signature of Student (if over 18 years of age) \_\_\_\_\_

# Health Form

## Agape Church of Jones County

Name of Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Emergency Contact:**

Parent/Guardian Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Alternate Contact:** (use someone near the primary contact)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_

**Health Form**

**Agape Church of Jones County (Continued)**

If your child should require medical attention for injuries received or illnesses contracted prior to the activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Pre-existing or present medical conditions:

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Name and dosage of any medications that must be taken while participating in this activity:

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Allergies to medications? Yes No If so, what? \_\_\_\_\_

Other allergies? Yes No If so, what? \_\_\_\_\_

Does your child have any of the following conditions? If so, please check.

Hay Fever \_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_ Insect Stings \_\_\_\_\_

Epilepsy/Nervous Disorder \_\_\_\_\_ Asthma \_\_\_\_\_ Frequent Stomach Upsets \_\_\_\_\_

Physical Handicaps \_\_\_\_\_ Major Illnesses during the past year \_\_\_\_\_

If any of the above is checked, please give details. (Example: include normal treatment of allergic reactions.)

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Date of last Tetanus Shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Any swimming restrictions? Yes No

Print Parent or Legal Guardian's Name \_\_\_\_\_

Print Participant's Name \_\_\_\_\_

Parent or Legal Guardian's Signature \_\_\_\_\_

Participant's Signature (if over 18) \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Date