KINGWOOD CHURCH OF CHRIST Children's/Youth Ministry Medical and Liability Release January through December 20_____

CONTACT INFORMATION

CHAPERONE'S FULL NAME	BIRTHDATE	AGE	GENDER	
ADDRESS	CITY		ZIP	
CHAPERONE'S E-MAIL	CHAPERONE'S CELL			
EMERGENCY CONTACT #1 NAME				
ADDRESS (if different from above)				
E-MAIL	CELL PHONE	HOME PHONE	WORK PHONE	
EMERGENCY CONTACT #2 NAME				
ADDRESS (if different from above)				
E-MAIL	CELL PHONE	HOME PHONE	WORK PHONE	
LOCAL EMERGENCY CONTACT		PHC	PHONE	
CHAPERONE'S MEDICAL HISTORY Medical Conditions or Allergies or Physical I swimming, running, etc. – attach a separate		, diabetes, etc. or foods,	medications, insects, etc. or no	
Medications Taken Regularly (include doses	/frequencies)			
Last Tetanus Shot://				
PHYSICIAN'S NAME		PHONE		
ADDRESS			 ZIP	
	CIT		ZIF	

Kingwood Church of Christ * 2901 Woodland Hills Drive * Kingwood, TX 77339 * (281) 358-3865 KINGWOOD CHURCH OF CHRIST

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MEDICAL RELEASE:

To the best of my knowledge I am physically fit and able to participate in any church sponsored event and am not suffering from any disease or injury which needs to be disclosed for the purpose of this release. I accept full Responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release Kingwood Church of Christ from any liability, in the event of an emergency or unforeseen circumstance in which I am in need of immediate hospitalization, medical attention or surgery. In the event that during my participation in the activities or transportation to activities I suffer an injury or condition which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed and if reasonable attempts have been made to contact my emergency contacts have been unsuccessful, I hereby appoint and allow an adult in chart of or helping with the activity as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. The power of attorney and delegation of authority shall terminate when the agent is first able to contact my emergency contacts.

LIABILITY RELEASE:

Every activity sponsored by the Kingwood Church of Christ Children's/Youth Ministry is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, I understand that unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards inherent in church-related social, sport, or spiritual activities including transportation to/from activities. I also agree that I will not hold Kingwood Church of Christ, its employee or volunteer assistants liable for damages, losses or injuries to me. It is understood that I will obey all regulations and follow instructions of the leaders.

PHOTOGRAPH RELEASE:

Regarding photographs taken at Kingwood Church of Christ Children's/Youth Ministry activities, I give Kingwood Church of Christ and their representatives or partner organizations permission to do the following for non-profit use and without charge: photographs of me may be displayed at a service or event, used in presentations, reprinted and distributed for any publication, or displayed on websites or social media accounts.

Yes or No: ______

I understand that this Medical and Liability Release covers any and all activities sponsored by or associated with the Kingwood Church of Christ during the calendar year of 20____ and that my signature acknowledges my agreement to the medical and liability releases as stated above as well as to my written response for the photograph release.

Parent/Guardian Signature _____

Print Name ______

Date:_____

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