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PARENTAL RELEASE, HEALTH FORM, & INSURANCE WAIVER

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Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Graduation Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Student Cell (if applicable) \_\_\_\_\_

Student Email (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_

School Attending \_\_\_\_\_

T-Shirt Size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

**EMERGENCY CONTACT:**

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

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Best way to contact \_\_\_\_\_

Email \_\_\_\_\_

**ALTERNATE CONTACT & SAFETY:**

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

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

Please provide the name(s) of person(s) your child may **NOT** be released to (if applicable) \_\_\_\_\_

\_\_\_\_\_

**SPECIAL NEEDS:**

Does your child have any special needs we should be aware of? \_\_\_\_ Yes \_\_\_\_ No

How can we fully support you in these needs during this ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY:**

Allergies (include medications) \_\_\_\_\_

Pre-existing or present medical conditions: \_\_\_\_\_

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

Name and dosage of any medications currently prescribed to your child: \_\_\_\_\_

\_\_\_\_\_

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

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

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone Number \_\_\_\_\_

**PARENTAL RELEASE:**

The undersigned does hereby request and give permission for our (my) child, \_\_\_\_\_ to attend and participate in any on or off site activities sponsored by or involving EverGreen Ministries ("EGM"). In consideration for the agreement by EGM to permit my child's participation, I, for myself, my minor child and for the child's other parent and/or guardian(s), hereby release, waive, discharge, and covenant not to sue EGM, and its officers, directors, employees, agents, volunteers, of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's participation in any activity including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons, provided that this waiver of liability does not apply to any acts of gross negligence, intentional, or willful misconduct. I further agree to indemnify and hold harmless EGM and its employees, agents and volunteers from any loss, liability, damage or cost they may incur incident to my child's participation in any activity.

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 reasons or otherwise, 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 EGM. This Authorization shall be effective for 1 year from signed date unless earlier revoked in writing.

By my signature, I give permission for EGM to use photos/videos of my child in appropriate promotional material.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date