



Liability & Medical Release Form

Participant Name _____ Male Female

Address _____ City _____ State _____ Zip _____

Participant email _____ Home Phone _____ H.S. Graduation Year _____

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____ Current Medications _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone _____ Parent(s) email _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in The Forge Student Ministry Events. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to The Forge Student Minister and Staff. The Forge Student Minister assumes responsibility for discipline at all times and, if necessary, may, because of misconduct or disobedience, require a participant to leave an event. In such instance, I will assume full responsibility for returning the participant home. Further, I do release and hereby agree to hold blameless First Christian Church and its staff and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with First Christian Church. Further, I do authorize the minister or sponsor of this activity or any FCC staff member, in the event I cannot be reached by phone with the understanding that every effort will be made to contact me, to give consent to a physician and/or hospital for emergency medical or surgical treatment while at this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. Further, I authorize FCC to use photographs and video footage of the participant for promotional materials. Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above _____
(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____