

**SOLID ROCK WORSHIP CENTER
MEDICAL RELEASE FORM**

Each child/youth participant must have his/her parent/guardian sign the Medical Release Form.
Each adult participant must sign the Medical Release Form.

Please Print Clearly:

Participant: _____ Parent/Guardian: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____ Email: _____

Emergency Contact: Name: _____ Phone: _____

Participant's Medical Information:

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Restrictions: _____

Insurance Company: _____ Policy Holder: _____ Policy #: _____

* Please attach a copy of the front and back of current health insurance card

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against Solid Rock Worship Center, its children & youth ministry, and any parties volunteering on behalf of Solid Rock Worship Center or its children & youth ministry from all actions, claims, costs, expenses, or damages of any kind growing out of or related to the activities. I acknowledge that this is a full and complete release for all injuries and damages which the above student may sustain as a result of participating in the activities.

I authorize the minister or children/youth volunteer, in the event that I cannot be contacted by phone, to give consent for medical treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the activity, including transportation to and from the site. I will also notify SRWC in case of change in 'need to know' medical information.

Participant's Signature: _____ Date: _____

If under 18 yrs of age, Parent or Guardian's Signature: _____ Date: _____