

Waiver and Medical Release Form
Youth and Family Ministries
First Presbyterian Church of Bellevue
September 1, 2007 – August 31, 2008

We intend this form to be kept on file for the current school year and following summer. By filling it out you will not need to fill out the similar form on event fliers.

Today's Date: _____

Student's Name _____ Birth date ____/____/____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Male ____ Female ____

School _____ Current Grade _____

Parent(s)' Name(s) _____

Student e-mail _____ High School ____ Junior High ____

Medical Information:

Insurance carrier _____ Policy # _____

Allergies, including drug reactions: _____

Regular Medications: _____

Date of last Tetanus: _____

Family Physician: _____ Phone # _____

Medical Release Statement:

I authorize _____ to participate in FPCB Youth activities, and as a condition of his/her being allowed to do so I, hereby, release and discharge First Presbyterian Church of Bellevue and its constituent organizations and its officers, agents, and employees, from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in FPCB Youth activities, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above. I, hereby, warrant and represent that he/she is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given to me by his/her duly licensed medical doctor within the last twelve months, and I know of no change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor. He/she agrees to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity. I, hereby, authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and his/her participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that he/she otherwise might have to limit or control such making or use.

Signatures:

Participant _____ Date _____

Parent of Guardian _____ Date _____

Parent Phone numbers: Cell _____ Work _____

Cell _____ Work _____