



**MEDICAL INFORMATION:** (please print)

Primary Medical Insurance\* Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Ph. #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List any Medical Conditions, Restrictions, Allergies, and Medications\*\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION SLIP :** (please print)

**Functions and Activities:** It is my understanding that participants in the programs and recreational and other activities of LifeBridge Church (LBC) are a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability:** By signing this Permission/Waiver Form, I expressly warrant that the child named is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities whether such risks are known or unknown to me at this time. I further release LBC and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities of participation in the activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against LBC and its ministers, leaders, employees, volunteers, and agents. I further agree to indemnify and hold harmless LBC and its ministers, leaders, employees, volunteers, and agents from any claims arising from my child's participation in its activities/program, or as result of injury or illness of my child during such activities.

\* The church releases all liability for those who do not have medical coverage, and cannot be responsible for payment of medical expenses incurred during activities. Individuals not having adequate medical coverage assume the risk of injury and all expenses related with the associated injury.

\*\*No medications will be administered to minors with out written instruction from legal guardians.

**Special Events:** I understand that the child named above, or I will be participating in activities with LBC. I understand that, during this period, my child may take party in activities such as: Camps, trips, outreaches, field days, work days, skating, etc, and other activities consistent with the purposes of the church. I represent that am the parent/guardian of the student above, who is under 18 years of age I have read the permission/waiver and am familiar with the contents thereof. I give permission for the named above to participate in the activities of LBC, including any special events/activities described above. In consideration for the allowing the participant of the child in the activities of LBC, I hereby consent to the permission/waiver form shall be binding upon me, my family, heirs legal representatives, successors, and assigns.

**First Aid and Emergency Medical Treatment:** I recognize that there may be occasions where the child named above may be in need of first aid or emergency treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of LBC to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agents' opinion such need arises. In doing so, I agree to pay all fees and cost arising from this action to obtain medical treatment. I also agree to pay for all fees that may occur due to injury or sickness following the activity/event. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, **I agree to pay for medical treatment.**

**Publicity:** On occasion, LBC takes photographs or makes an audio or videotape recording of children and/or adults involved in church in church activities. Staff and participants to remember the activities and participants may use such photographs or video records. In addition, such photographs and audio/visual recordings may be used in LBC publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events and our church may invite or allow them to photograph or record our events for news reporting or, special interest features. These photographs or videos are only intended for the promotion of ministries and no consent will be provided for any other purpose. I consent to the use of any such audio or visual record of the child named above, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recording. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_