

CONSENT AND RELEASE WAIVER

Student Name: _____

Please read the following document thoroughly and sign below. This Consent and Release Waiver may be revoked by the undersigned at any time before the expiration date with written notice to the Organizer.

The undersigned(s) being lawful parent(s) and/or guardian(s) of the above Student (the "Student"), hereby consents to the participation by the Student in all activities that are sponsored by and/or conducted by Fellowship Baptist Church, 2827 E 32nd Street, Joplin, MO 64804[417-781-5174] (the "Organizer"), and to the participation of the Student in all events relating to any such activity that occurs between the date of this consent, **September 1, 2011 and August 31, 2012.**

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of the Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the Student. Health care shall include but not limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures. Notwithstanding other provisions in this Consent and Release Waiver, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Student.

The undersigned assume(s) all risk of injury or harm to the Student associated with participation in any such Activity and agree(s) to release, indemnify, defend and forever discharge the Organizer and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Student or by the Student, howsoever caused, arising or to arise by reason of or during the Student's participation in any such Activity.

The undersigned has read and agrees to the conditions, guidelines and consequences in the Student Discipleship Handbook, 4th Edition. The undersigned agrees to follow those guidelines and abide by any and all consequences that may apply if any of the guidelines are breached.

The undersigned gives permission for the Student to be photographed or videotaped while participating in any Student Discipleship Ministry Event or Program for the purpose of display, website display, event recognition, or promotion.

The undersigned verifies that the "Medical Information and History" on the reverse side are factual and accurate to the best of their knowledge.

Signed on _____
DATE

Signature of Student

Signature of Parent/Guardian

Printed Name of Student

Printed Name of Parent Guardian

2827 East 32nd Street
Joplin, MO 64804

Phone: (417) 781-5174
Fax: (417) 782-4157

www.fellowshipstudents.org

Student Information

Please Print in Ink

Student Name: _____ Birthday _____
Last First Middle I.

Male Female Height _____ Weight _____ Grade _____

Address _____ City _____ State ____ Zip _____

Home Phone () _____ Family E-Mail _____

Father's Name _____ Contact # () _____ Cell Work

Mother's Name _____ Contact # () _____ Cell Work

If either parent cannot be contacted, please contact _____ Relationship _____

Home Phone () _____ Alternative Phone () _____ Cell Work

Medical Information

Please Print in Ink

Medical Insurance Company _____ Policy # _____

Primary Physician _____ Office Phone () _____

Please answer each question, use the space below to explain. If you mark yes or check any box, please write the number of the question and the explanation on the lines provided below.

- Does your child have any allergies? Pollens Medications Food Insect Bites
- Does your child suffer from, ever experienced, or currently being treated for:
 Asthma Heart Trouble Diabetes Migraines/Severe Headaches
 Physical Handicap Frequently Upset Stomach Epilepsy/Seizure Disorder
- Does your child wear: Glasses Contact Lenses
- Has your child had any major medical conditions, illnesses or surgeries in the last year? Yes No
- Does your child have any on-going medical conditions, diseases, or disabilities? Yes No
- Is your child currently on any medications? Yes No
- Is there any reason that your child's activities should be restricted? Yes No
- Is Tetanus Shot Current Yes No If So, Date of Last Tetanus _____

Explain _____
