



## Harvest Bible Chapel Student Ministries Event Participation Form

June 1, 2019—May 31, 2020

I/We give Consent for \_\_\_\_\_ (name of minor) to attend any Student Ministries events being sponsored by Harvest Bible Chapel from Jun. 1, 2019 through May 31, 2020.

In the event that he or she is injured while under the care of Harvest Bible Chapel and its' representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, Harvest Bible Chapel and its' representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release Harvest Bible Chapel and its' representatives from any liability due to accident or injury incurred by my child.

Signed: \_\_\_\_\_

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent or guardians immediately in the event of injury or other emergency!

Grade (2019/2020 School Year) \_\_\_\_\_ Gender M / F D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Medications or Allergies \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Office: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Provider and # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_