

# First Assembly of God 1900 Route C • Jefferson City, Missouri 65109 (573) 635-0159

**THIS FORM MUST BE FILLED OUT, SIGNED BY A PARENT OR GUARDIAN and BROUGHT WITH PARTICIPANT TO EVENT.**

## ACTIVITY PARTICIPATION AUTHORIZATION and MEDICAL RELEASE FORM

AS PARENT/GUARDIAN, I have given my child/youth (Participant) permission to attend First Assembly's Event on June 10-14, 2019, to the AG District Youth Camp, Rocky Mount, MO. I recognize and accept there are risks involved with Participation in and transportation to/from the Event. I assume all risk of injury, harm, damage, or death to my child in connection with his/her participation in this Event.

To the fullest extent permitted by law, I release First Assembly of God, its trustees, officers, directors, employees, agents and representatives from injury, harm, damage or death which may occur to my child while participating in the Event and agree to save and hold harmless First Assembly of God, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my child's participation in the activity.

Further, being the parent/legal guardian of the child, I do consent to any medical treatment for the Participant should a medical emergency arise and request any doctor, medical clinic, or hospital emergency room physician to administer such treatment and to do any procedure in their judgment that may be necessary. As parent/legal guardian I understand that I am responsible for the health care decisions of my child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to the Participant. I fully understand that the church insurance is secondary coverage and that I will need to file my own insurance first. I also understand; that the church insurance covers accidents only and that I accept full responsibility for any charges related to causes other than accidents, or charges beyond the maximum of the church insurance, or charges related to accidents not covered by the church insurance program.

I give First Assembly of God of Jefferson City and its assignees, licensees and legal representatives the irrevocable right to use my name or the event participants name (or any fictional name), picture, portrait, photograph or video and electronic images in all forms and media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

LIST ANY Physical limitations, any additional medical or other information: \_\_\_\_\_

LIST ANY ALLERGIES (i.e. medications, insect bite/sting, etc.) \_\_\_\_\_

In case of an emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

work  home  cell \_\_\_\_\_

Insurance: \_\_\_\_\_ Name of Insured \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_

***Having read the above paragraph, I am signing this document.***

Parent/Guardian: (**PLEASE PRINT**) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_