



I hereby give my permission for \_\_\_\_\_ to take part in various church-sponsored trips, outings, and camps. I hereby release, hold harmless and absolve the Church at Cane Island (hereafter "church"), their staff, sponsors, vendors and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the "church" staff or any adult counselor acting on behalf of the "church" with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. I hereby release and discharge the "church" and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release. I give my permission for my child to be transported in vehicles provided by the church representatives or sponsors. Furthermore, I release these representatives and sponsors from liability for accident or injuries while in transport. By signing the document below, I hereby grant permission to the Church at Cane Island, its administrators, and staff to publish photographs and/or videos that may include images of my child. Finally, while conducting the aforementioned activity the "church" reserves the right to dismiss your child as per our sole discretion and at your expense and inconvenience.

Home Address of above child/student \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**In case of emergency, please contact:** *(provide all available numbers e.g. Home and Cell Phones)*

Father \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Friend or Relative \_\_\_\_\_ Phone Number \_\_\_\_\_

List known food/drug allergies and/or medical conditions \_\_\_\_\_ (cont. on back)

Medication taken regularly and reason \_\_\_\_\_ (cont. on back)

\_\_\_\_\_ is a non-swimmer, fair swimmer, or good swimmer.

*Name of student*

*(circle one)*

Family Medical Insurance Co. \_\_\_\_\_

Policy Number or Group Number \_\_\_\_\_

If necessary to verify coverage, call \_\_\_\_\_

Policy Holder and Social Security Number \_\_\_\_\_

**I agree to and understand all information listed on this form. Should any of the above information change, I understand it is my responsibility to notify the church.**

**THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN IN ALL INSTANCES.**

Signature \_\_\_\_\_ (Parent or Guardian)

Printed name of parent or guardian signing above \_\_\_\_\_