

STUDENTJOURNEY

1000 Robinson Road Jackson, MI 49203 | 517.750.1111 X21

STUDENT JOURNEY SUMMER 2010 WAIVER:

RELEASE and MEDICAL WAIVER for MINOR

Student's Name:

Grade

Address

City

Zip:

Email Address

Phone - Home

Cell

Emergency phone

Emergency Contact Name and phone number

Please list any known allergies: _____

Please list any medications taken on a regular basis and what they're treating:

_____ for _____

_____ for _____

_____ name of child) has my permission to be involved in Student Journey, to regularly participate in a weekly gathering and take part in occasional Merge Group or Student Journey sponsored events. I understand an additional release form is needed for trips & retreats.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We have legal custody of the student named above, a minor, and have given our consent for him/her to regularly attend small group activities being organized by the Church or small group leader. I/We understand that there are inherent risks involved in any ministry, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims,

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demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member.

This consent form also gives permission for Student Journey and its officers, staff, and agents to photograph and record named child, through audio, video, and/or other means, in electronic or other form, in connection with his/her participation in or attendance at any teaching time, conference, event, meeting, or gathering organized or facilitated by Student Journey. I/We understand that Student Journey shall own all such photographs and recordings (collectively the material), and I/We waive any right or claim to future compensation related to the Material. I/We authorize Student Journey to use the Material for advertising, promoting, or providing products and services offered by Student Journey / Westwinds, or for any other purpose associated with Student Journey / Westwinds or its affiliates, in audio, video, electronic, print, or any other form of media, including without limitation in the draft, or Westwinds.org. Student Journey may sell, edit, reproduce, create derivative works from, publish, display, perform, transmit, and distribute (internally and externally) the Material or any portion of the Material in any form. I/We agree to not hold Student Journey or its respective officers, staff, or agents liable in any way arising out of Student Journey's use of the Material. Individual hereby waives any right, claim, or interest he/she may have in the Material and releases Student Journey from any liability arising out of Student Journey's use of the Material.

Parent/guardian signature:

Date:
