

VALLEY BIBLE CHURCH MEDICAL AND LIABILITY RELEASE

By filling out this waiver I agree to adhere to the Church rules and Leader instruction. I assume responsibility for my actions as a Student at the Valley Bible Church Event. While I understand Valley Bible Church and its staff will work to minimize any injury and provide a safe student environment, I assume there is risk in travel and participation of events/sports/league/activity/camp.

Informed Consent and Acknowledgement

I hereby give my approval for me/my child (name) _____ to participate in (name of event) _____ hosted by Valley Bible Church on (dates of event) _____. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve, and hold harmless Valley Bible Church and all its respective participants, staff, and volunteers from any and all liability for injuries to Student arising out of participating in the this event/activity/camp.

There is a risk of being injured that is inherent in all activities, sports, and camps. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or even death. In case of injury to said student, I hereby waive all claims against Valley Bible Church including all participants, staff, and volunteers. Furthermore, all images and videos of VBC events are the property of Valley Bible Church, can be used for any promotional consideration, and will not be sold to any third parties.

I hereby state that I have carefully read the above waiver. Acceptance and understanding of this agreement are hereby acknowledged.

I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

Signature of Parent/Legal Guardian/Student at least 18 years old

Date

Signature of Parent/Legal Guardian

Date

VALLEY BIBLE CHURCH EMERGENCY AND MEDICAL INFORMATION

Name of Event Date(s) of Event

First and Last Name Date of Birth Male
Female

Address City, State Zip

Home Phone Cell Phone

In case of emergency, notify Phone

Family doctor Phone

HEALTH HISTORY (Check all that apply:)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavior/Nervous Disorder | <input type="checkbox"/> Other |

If any of the above are checked, please give details (include normal treatment of allergic reactions):

Date of last tetanus shot

Name, dosage, and frequency of any medications that must be taken regularly, or as needed:

Please list activity restrictions, if any:

If your child should require medical attention for injuries received or illness contracted prior to this event, give instructions here:

Do you have health insurance? Insurance Company

Insurance Company Address Policy Number

MEDICAL RELEASE:

In the event that I cannot be reached in an emergency during the event date(s) shown on this form, I hereby give my permission to the physician or dentist selected by Valley Bible Church to hospitalize, to secure proper treatment and/or an injection, anesthesia, or surgery for my child as deemed necessary.

Parent/Guardian Permission (enter your initials) Parent/Guardian Name

Relationship to child Spouse's Name (if applicable) Date