

EPIC Church Medical Release/Permission Form

EVENT: Summer Events

DATE: June 27th-August 21st 2020

I/We release Epic Church and its representatives from and in connection with any claim brought by anyone arising out of the above event.

I/We further give our permission for any medical treatment deemed necessary while our/my child is under the care of Epic and its representatives as a participant.

I/We further give my permission for my child to have his/her picture taken.

PARENT(S) OR GUARDIAN(S) MUST COMPLETE THE FOLLOWING FOR EACH CHILD. (To register additional children, you may photocopy this form.)

Student's full name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Student's DOB: _____ Grade: _____

Allergies, health restrictions, list prescription or over the counter medicines currently taking, comments:

Insurance Information:

Policy Holder's Name: _____

Relationship to Student: _____ Insurance

Company: _____ Group/Policy

Number: _____ ID Number:

Emergency Contacts:

#1 Name: _____ Phone number: _____

#2 Name: _____ Phone number: _____

#3 Name: _____ Phone number: _____

Parent/Guardian Signature: _____ Date: _____

STUDENT COMMITMENT

- I commit to listening to the leaders and doing what they ask of me without hesitation or questioning
- I commit to staying with the group at all times and understand that I am not to wander off by myself. Doing so will have consequences as I will not be able to participate in the next outing.
- I commit to making decisions that are safe, kind, and respectful
- I commit to representing myself, my family, and my church in a positive way

Student Signature: _____ Date: _____