

# Student Ministry Release

Please complete and return this form to Journey Community Church (attention: Jenn Harrison). This form will be kept on file for the 2020/2021 school year. Please update any changes prior to any church sponsored trips. **All student participants must have a completed form on file in order to participate in any retreat or event sponsored through Journey Community Church!**

## PERMISSION, MEDICAL, & LIABILITY RELEASE FORM

This form (1) gives permission for travel on church-sponsored activities, which includes transportation in church owned, privately owned vehicles, or rented vehicles (2) gives the group leaders authorization to secure medical aid should it be necessary, and (3) releases Journey Community Church, the staff of Journey Community Church and the volunteers of Journey Community Church from any liability and the agreement not to hold the above said to any responsibility for damages arising from the giving of your consent.

STUDENT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MEDICAL INSURANCE CO: \_\_\_\_\_ POLICY #: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Please list any health problems, medical, physical, dietary restrictions/requirements, or allergies:

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Please list any and all medications currently taking (name, dose, prescribing doctor):

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I give my consent for my student to take \_\_\_\_\_  
if the need arises due to headache, muscle cramps, pain, etc.

Other information that leaders should be aware of:

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## **FUNCTIONS AND ACTIVITIES**

I understand that participating in programs, recreation and other activities of Journey Student Ministries (a ministry of Journey Community Church) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents or transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other inherent risks associated with these activities of which I may not be presently aware.

## **RELEASE OF LIABILITY**

By signing this form, I expressly warrant that the above named or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks that may arise in participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the above named student's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of the above named during such activities.

## **FIRST AID AND EMERGENCY MEDICAL TREATMENT**

I recognize that there may be occasions where the above named or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the above named or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises, in doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

## **TRANSPORTATION**

I give consent for the above named, or I, if I am a participant, to be transported in church-provided transportation for various activities.

**STUDENT:**

I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol/tobacco products, or weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best it can be!

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR USE IF THE PARTICIPANT IS A MINOR:**

I represent that I am the parent/guardian of the student listed above, who is under 18 years of age. I have read the above three (3) page Permission, Medical, and Liability Release Form and am fully familiar with the contents of this three (3) page form. I give permission for the student named above to participate in the activities of Journey Community Church. I hereby consent to the Permission, Medical, and Liability Release Form above, on behalf of the student, and agree that this Permission, Medical, and Liability Release Form shall be binding upon me and my estate. I understand that if the student breaks the below signed covenant he/she will be sent home at my expense.

Signature of Parent or Legal Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**ADULT VOLUNTEERS AND EMPLOYEES:**

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed in the above three (3) pages, including the Release of Liability, as pertaining to my own participation in these activities.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



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