



2018 – 2019

Student Ministry Parental Consent and Release Form

It is only necessary to complete this form once each school year.

Effective dates: July 1, 2018 – August 31, 2019

(one student per form)

GENERAL INFORMATION:			PHYSICIAN and INSURANCE INFORMATION:		
Student Name:			Physician Name:		
Street Address:			Office Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Parent Names:			Office Phone:		
Cell Phone (Mom):	Cell Phone (Dad):		Insurance Company Name:		
Cell Phone (Student):	Home Phone:		Insurance Policy Number:		
Student Birthdate:		FBC Grade:	Name of Insured:		
Household Email:			HEALTH INFORMATION:		
Student Email:			Allergies:		
If unable to contact parents first, call: Emergency Contact Name:			Other Significant Health Information:		
Emergency Phone:			Date of Last Tetanus Shot:		
Please attach a copy of both sides of your insurance card OR take a clear picture of both sides of your card with your cell phone and email to Angiel@fbcva.org					

2018-2019 PHOTOGRAPH RELEASE	
I acknowledge that my child's photographs may be used by Fellowship Bible Church, in its sole discretion, including but not limited to publications, videos, and websites.	
_____ Signature of Parent or Legal Guardian	_____ Printed Name of Parent or Legal Guardian

More on the other side!



2018 – 2019

Assumption of Risk, Waiver, Medical Release and Permission to Attend Activities

I am signing this form, as the parent(s) or legal guardian(s) of _____ (“Youth”). I hereby grant my permission for my son/daughter to attend the activities sponsored by the Student Ministries of Fellowship Bible Church in Winchester, Virginia in 2017 and 2018 (“FBC Youth Activities”). I understand these FBC Youth Activities will be coordinated by adult volunteer and/or staff members of the FBC Student Ministries and I have been informed (or have had the opportunity to be informed) about the nature and type of the activities that the Youth will engage in during the FBC Youth Activities. I hereby represent that the Youth is capable of physically participating in the FBC Youth Activities and I am not aware of any medical or other reason why the Youth’s participation in the FBC Youth Activities would pose a danger to himself/herself or others. I acknowledge that the FBC Youth Activities are part of the charitable mission of Fellowship Bible Church and that I and the Youth are beneficiaries of these activities. I understand the risks involved in the FBC Youth Activities include personal injury to the Youth, permanent disability, and even death. I have explained the type of activities and the risks involved in the FBC Youth Activities to the Youth and he or she wishes to participate. As consideration for allowing the Youth to participate in the FBC Youth Activity, I hereby assume all risks related in any way to the Youth’s involvement in the FBC Youth Activities, known or unknown, to the fullest extent permitted by the law and do hereby release and give up (on behalf of myself and the Youth) any and all claims for damages caused in any injury to the Youth whatsoever as a result of the Youth’s participation in the FBC Youth Activities.

I AGREE TO HOLD FELLOWSHIP BIBLE CHURCH, IT’S STAFF AND/OR VOLUNTEERS, THEIR RESPECTIVE SUCCESSORS AND ASSIGNEES HARMLESS AND TO INDEMNIFY THEM TO THE FULLEST EXTENT PERMITTED BY THE LAW FROM ALL DAMAGES AND EXPENSES (INCLUDING WITHOUT LIMITATION ATTORNEYS FEES) INCURRED THAT ARE IN ANY WAY RELATED TO THE YOUTH’S PARTICIPATION IN THE FBC YOUTH ACTIVITIES, INCLUDING WITHOUT LIMITATION, ANY DAMAGES OR EXPENSES THAT RESULT FROM THE NEGLIGENCE OF FELLOWSHIP BIBLE CHURCH, IT’S STAFF AND/OR VOLUNTEERS.

I also authorize any staff or volunteer of Fellowship Bible Church to seek medical treatment for the Youth and hereby authorize medical treatment, including but not limited to emergency surgery or treatment. I will assume the responsibility of all medical expenses incurred for the Youth, if any. This permission shall remain in effect until August 31, 2019, unless sooner revoked in writing and delivered to the Pastor of Student Ministries at Fellowship Bible Church.

Date: _____

Date

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

My parent or guardian has explained to me the types of activities and the risks involved in the FBC Youth Activities and I wish to participate in that activity.

Signature of Youth

Printed Name of Youth