

Church of the King Revolution Junior High Camp • June 25-28, 2008
LIABILITY RELEASE AND MEDICAL CONSENT FORM

LIABILITY RELEASE

I, _____, parent or legal guardian of _____, (hereinafter my student) hereby acknowledge that it is my desire (for my student) to participate in church sponsored activities at CHURCH OF THE KING, including activities on and/or away from the church premises as well as transportation to and from such activities.

I AM (MY STUDENT IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my student) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge CHURCH OF THE KING, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents, Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This Liability Release Form shall remain effective until revoked in writing and delivered to any officer, employee, or agent of CHURCH OF THE KING.

Student's Name _____ Date of Birth (mm/dd/yyyy) _____
Emergency Contact 1 _____ Contact Number _____
Emergency Contact 2 _____ Contact Number _____
Health Insurance Co. _____ Policy Number _____

Executed this _____ day of _____, 2008, at _____.

Signature X _____
(Parent or Guardian)

MEDICAL CONSENT

HEALTH HISTORY

- Diabetics
- Cardiac
- Chronic Asthma
- Nervous Disorder
- Physical Disability
- Emotional/Behavioral Disability
- Mental Disability
- Seizure Disorder
- Epilepsy
- Other
- Sleep Disturbances
- Vision/Hearing Impairment
- Motion Sickness
- Appliances (retainers, contact lenses)

Date of Last Tetanus Shot _____

If you have checked any of the above, please give details: _____

Allergies: _____

Activity Restrictions: _____

* If your student will be taking medication, please see nurse upon arrival on June 25th.

This health history is correct, to the best of my knowledge. I hereby give my permission to the physician, nurse, or dentist selected by CHURCH OF THE KING to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. (Use back of form for any explanations).

Signature X _____ Date _____
(Parent or Guardian)

Please be sure to submit your form to the church office at:
200 Greenleaves Blvd., Ste. 7, Mandeville, LA 70448



REVOLUTION 2008

JUNIOR HIGH CAMP JUNE 25 - 28