Emmanuel Faith Community Church College/Young Adult Medical Release Form



Participant Name	Birthday:/		
Address			
	Zip		
Telephone (Home)	Cell Phone		
Email Address			
Emergency contact	Phone		
Primary Doctor	Phone		
Medical Insurance Company			
Policy #	Insurance Company's phone		
Please include <u>a copy</u> of your proof of insurance card with this release form.			
BRIEF MEDICAL HISTORY AND/OR SPECIFIC INSTRUCTIONS OR INFORMATION TO PHYSICIAN OR NURSE concerning any specific physical or mental condition or medications they should be aware of. Any restrictions?			
Any restrictions?			
undersigned to consent to any x-ray exa hospital care which is deemed advisable any physician or surgeon licensed under	rize Emmanuel Faith Community Church (EFCC) as agents for the amination, anesthetic, medical or surgical diagnosis treatment and by and is to be rendered under the general or specific supervision of the provision of the Medical Practice Act on the medical staff of a discording treatment if rendered at office of said physician or hospital.		
It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.			
I, the undersigned, have read and understand the above. I will keep you updated on any changes to this release form. This medical release will be kept on file at Emmanuel Faith Community Church to use for any future activities and/or trips.			
*(Participant Signature)	(Date)		
PLEASE COMPLETE THE ACTIVITY RELEA	SE FORM ON THE OTHER SIDE $ ightarrow ightarrow ightarrow ightarrow ightarrow ightarrow$		

Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Agreement

(*Must have a signature)

We at Emmanuel Faith Community Church ("EFCC") request that all participants read and sign this Release, Waiver, Indemnity and Assumption of Risk Agreement to indicate that they have accepted all risks personally when participating in sporting activities, music department outings, mission trips, and youth outings sponsored by EFCC, including travel to these activities (collectively "Participation"). We strongly encourage anyone without medial insurance coverage not to expose themselves and/or EFCC/MHC to the financial ramifications of possible injury from Participation.

The undersigned agrees as follows:

I fully understand and acknowledge that there are risks and dangers associated with Participation which could result in property or bodily injury, partial and/or total disability, paralysis and death. These risks and dangers may be caused by my action, inaction or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.

I accept and assume the risk and responsibility for any loses and/or damages for any such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Released Parties.

I hereby release, waive, discharge and agree not to initiate any form of legal action against EFCC, its pastors, elders, officers, agents, employees and volunteers (collectively "Released Parties") for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys' fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties ("Claims and Damages") which I have or may have in the future against Released Parties resulting from or related to my Participation.

I further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with my Participation.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.

PRINTED NAME OF PARTICIPANT	* SIGNATURE OF PARTICIPANT	DATE
Emergency contact person & phone num	ber	
	ADDITIONAL INDEMNIFICATION	
(Must be o	completed by legal guardian for participants und	der the age of 18)
agree to be bound by its terms, and furth Damages which are brought by and which this event, I authorize PASTOR JEREMY J	(print name) being p rstand the attached Activity/Trip Release, Waive ner agree to indemnify and hold Released Partie h are in any way connected with such Participat OHNSON/PASTOR JUSTIN FLUHR AND/OR THE P to accompany and take full responsibility the	s harmless from any and all Claims and ion. If I can not accompany the participant in YOUNG ADULT/COLLEGE STAFF PERSON(S)
Participant Signature	Print Name	
Digital pictures and videos are taken during at Church website, College or Young Adult web s Participant must sign and date to authorize di not include participant's name or any other fo	JEL FAITH COMMUNITY CHURCH SOCIAL MEDIA ctivities. These pictures and/or videos may be shown a site, or EFCC/TheWell/The Gathering Social Media (Fac gital pictures or video of students to be used on any E orm of identification.	and/or used on the Emmanuel Faith Community cebook, YouTube, etc.) or at a church venue. FCC/College/Young Adult Social Media. Pictures will
*Participant signature	Date_	

PLEASE COMPLETE MEDICAL RELEASE ON THE OTHER SIDE AND ATTACH PROOF OF MEDICAL INSURANCE COVERAGE.