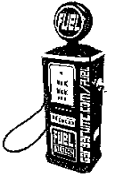


# FUEL Student Ministries OVER 18 Consent Form



Student's Full Name \_\_\_\_\_

**2017-18** Grade Level: 12, C1, C2, C3, C4, other Sex: \_\_\_\_ M \_\_\_\_ F DOB: \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Street Address \_\_\_\_\_

Print Parent/Guardian's Email Address \_\_\_\_\_

Parent Contact Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_ relation \_\_\_\_\_

Medical Insurance: \_\_\_\_ Yes \_\_\_\_ No Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Contact Number \_\_\_\_\_

List any allergies or medical conditions that may be relevant to student's participation in activities OR to a physician in the event of an emergency: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No I understand in the event of an emergency medical situation, every attempt will be made to contact my emergency contacts.. If they cannot be reached, I hereby give my permission for the adult in charge to secure medical treatment and/or transportation if needed.

\_\_\_\_ Yes \_\_\_\_ No I understand my insurance will be used as primary coverage in the event medical treatment is needed.

\_\_\_\_ Yes \_\_\_\_ No I understand all reasonable safety precautions will be taken by Garber United Methodist Church and its agents during all events/activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to *not* hold Garber UMC, its employees, leaders, and/or volunteers liable for damages, losses, diseases, or injuries incurred.

\_\_\_\_ Yes \_\_\_\_ No I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken during church events to be used, distributed, shown as Garber United Methodist Church sees fit.

\_\_\_\_ Yes \_\_\_\_ No I hereby give my permission to ride in any vehicle designated by the adult in charge while attending and participating in events and/or activities sponsored by Garber United Methodist Church.

**Do not write in box below unless you are in the presence of a Notary Public.**

## For office/notary use only.

**TO BE SIGNED BY PARTICIPANT 18 YEARS OF AGE OR OLDER:** In the event that I am in need of medical assistance and am unable to authorize such assistance, I hereby authorize the Garber United Methodist Church adult leader in charge of the event in which I am participating to request medical assistance on my behalf.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
Date

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: ( \_\_\_\_\_ SEAL)