

GATEWAY CHRISTIAN CHURCH DISCIPLINE, LIABILITY, & MEDICAL RELEASE FORM

PARTICIPANT INFO

Participant Name _____ Birthdate ____/____/____ ☐ Male ☐ Female
Address _____ City _____ State _____ Zip _____
Cell Phone (____) ____ - ____ Email _____ Grade _____

PARENT/GUARDIAN INFO

Parents/Guardians Name *(with whom you live)* _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) ____ - ____ Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____
Email _____

If I cannot be reached, please contact:

Name _____ Relationship _____ Phone (____) ____ - ____

MEDICAL INFO

Doctor _____ Office Phone (____) ____ - ____
Dentist _____ Office Phone (____) ____ - ____
Insurance Company _____ Insurance Phone (____) ____ - ____
Insured Name on Policy _____ Policy/ID # _____ Group # _____
Date of Last Tetanus Shot ____/____/____
List Known Allergies, Medical Conditions, & Activity Limitations *(use back if necessary)*

List Current Medications & Dosage *(use back if necessary)*

STATEMENT OF RELEASE

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in the programs of Gateway Christian Church. The individual identified on this form understands that all participants are expected to abide by program rules and be directly responsible to Gateway Christian Church's Program Director. The Program Director assumes responsibility for discipline at all programs and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full financial responsibility for returning the participant home. I agree to pay for any damages or property loss as determined by Gateway Christian Church or the lessor/owner of properties in which we may enter or stay during a program.

Further, I authorize Gateway Christian Church to use photographs, audio recordings, and video footage of the participant for promotional materials.

Further, I recognize that there is an element of risk in any program and hereby assume all risks. I agree to release and hold blameless Gateway Christian Church, her program directors, employees, volunteers, and related entities from any and all liability, loss or damage actions, claims and demands, which may be asserted by me or by any member of my family by reason of participating in any programs associated with Gateway Christian Church.

Further, I understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed above. In the event that I cannot be reached, I hereby authorize Gateway Christian Church's program directors, employees, and/or her volunteers to give consent to a physician and/or hospital for emergency medical or surgical treatment while attending this program to the participant on this form. I agree to assume all financial responsibility for any expense that may be incurred for treatment.

Further, I state that I have listed above all known allergies, medical conditions, activity limitations, medications, and any other information pertinent to the health of the participant listed on this form. I agree to revise this information as it may change during the calendar year so that the above reflects the current health status of the participant on this form at any given time. I have read and agree to the information given in this entire form.

Signature of Participant _____ Date ____/____/____

Signature of Parent/Legal Guardian _____ Date ____/____/____