

Consent/Release Form

I or my child will be participating in **FUEL** (**FUEL** is a ministry of Jacob's Well Church).

Name of Participant	event of an accident or illness, it is important that we have the fo		sate and nealthy or	ie. However, in the
PhoneEmail	Name of Participant	DOB	Age	Sex
Emergency Backup Contact Info (Different from above) Any allergies or other medical needs? Limits to activities Name of Physician Physician Phone Medical Insurance Company Policy Number Indemnity and Contact Agreement I will not hold or attempt to hold FUEL or Jacob's Well liable for any loss, damage or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of FUEL, its agents and employees, and will indemnify and hold FUEL harmless from any liability for damages or claims against FUEL arising out of, or in any way related to any such loss, damage, or injury. I release Jacob's Well, including its trustees, employees, and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. Authorization for Treatment: In the event that I cannot be reached, I/We hereby give permission to the medical personnel selected by FUEL to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health. I recognize that any medical treatment that is provided to me (or my child) while attending a FUEL activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. I hereby grant FUEL permission to use, reproduce, and/or distribute photographs, films, video, and sound recordings of me or my child without compensation or approval, fo	Parent(s)/Guardian(s)			
Any allergies or other medical needs?	Home Address			
Any allergies or other medical needs? Limits to activities Name of Physician Physician Phone Medical Insurance Company Policy Number Indemnity and Contact Agreement I will not hold or attempt to hold FUEL or Jacob's Well liable for any loss, damage or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of FUEL, its agents and employees, and will indemnify and hold FUEL harmless from any liability for damages or claims against FUEL arising out of, or in any way related to any such loss, damage, or injury. I release Jacob's Well, including its trustees, employees, and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. Authorization for Treatment: In the event that I cannot be reached, I/We hereby give permission to the medical personnel selected by FUEL to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health. I recognize that any medical treatment that is provided to me (or my child) while attending a FUEL activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. I hereby grant FUEL permission to use, reproduce, and/or distribute photographs, films, video, and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of prom	Phone	Email		
Name of Physician	Emergency Backup Contact Info (Different from above)			
Medical Insurance Company	Any allergies or other medical needs?			
Indemnity and Contact Agreement I will not hold or attempt to hold FUEL or Jacob's Well liable for any loss, damage or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of FUEL, its agents and employees, and will indemnify and hold FUEL harmless from any liability for damages or claims against FUEL arising out of, or in any way related to any such loss, damage, or injury. I release Jacob's Well, including its trustees, employees, and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. Authorization for Treatment: In the event that I cannot be reached, I/We hereby give permission to the medical personnel selected by FUEL to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health. I recognize that any medical treatment that is provided to me (or my child) while attending a FUEL activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. I hereby grant FUEL permission to use, reproduce, and/or distribute photographs, films, video, and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of FUEL, including the internet.	Limits to activities			
Indemnity and Contact Agreement I will not hold or attempt to hold FUEL or Jacob's Well liable for any loss, damage or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of FUEL, its agents and employees, and will indemnify and hold FUEL harmless from any liability for damages or claims against FUEL arising out of, or in any way related to any such loss, damage, or injury. I release Jacob's Well, including its trustees, employees, and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. Authorization for Treatment: In the event that I cannot be reached, I/We hereby give permission to the medical personnel selected by FUEL to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health. I recognize that any medical treatment that is provided to me (or my child) while attending a FUEL activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. I hereby grant FUEL permission to use, reproduce, and/or distribute photographs, films, video, and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of FUEL, including the internet.	Name of Physician	Physician Phone		
I will not hold or attempt to hold FUEL or Jacob's Well liable for any loss, damage or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of FUEL , its agents and employees, and will indemnify and hold FUEL harmless from any liability for damages or claims against FUEL arising out of, or in any way related to any such loss, damage, or injury. I release Jacob's Well, including its trustees, employees, and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. Authorization for Treatment: In the event that I cannot be reached, I/We hereby give permission to the medical personnel selected by FUEL to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health. I recognize that any medical treatment that is provided to me (or my child) while attending a FUEL activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. I hereby grant FUEL permission to use, reproduce, and/or distribute photographs, films, video, and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of FUEL , including the internet.	Medical Insurance Company	Policy Numbe	er	
Signature Date	I will not hold or attempt to hold FUEL or Jacob's Well liable for neglect of other persons, or caused in any manner other the and will indemnify and hold FUEL harmless from any liability related to any such loss, damage, or injury. I release Jacob's Well, including its trustees, employees, and an ness while at the activity. I/We will assume the risk associated release is also intended to include all claims of my family, estated and the relation of the reactivity of the secure and administer treatment and to maintain an outlined under the HIPAA regulation, and to provide or arrange of the verify that I or child named above is in good health and capatailor my/their activities to those within the bounds of my/the I recognize that any medical treatment that is provided to me medical insurance company and guarantee payment for service I hereby grant FUEL permission to use, reproduce, and/or distincted without compensation or approval, for use in materials of child without compensation or approval, for use in materials of the service of t	gents, from me or my child's physical therewith, whether known or urate, heirs, personal representative ched, I/We hereby give permission id/or release any medical records in necessary related transportation for able of participating in strenuous eir physical health. (or my child) while attending a lices not paid by insurance.	FUEL, its agents a UEL arising out of, sical injury, including high and its or assigns. It of the medical personates are the above named a activities and, where the activity will be a conditionally and sound records.	and employees, or in any way ing death, or illat this time. This sonnel selected ince purposes as diperson. The necessary, will be paid for by my dings of me or my
	Signature	Date		