



Consent/Release Form

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

NOTE TO PARTICIPANTS/PARENTS-GUARDIANS: **FUEL** wants you or your child's experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant _____ DOB _____ Age _____ Sex _____

Parent(s)/Guardian(s) _____

Home Address _____

Phone _____ Email _____

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, for use in materials created for purposes of promoting the activities of **FUEL**, including the internet.

Signature _____ Date _____