



Minor Medical & Liability Release June 2023 – August 2024

Student's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Phone Number _____

Chapel City Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your son/ daughter is participating in Chapel City Church events or programs.

Do you have health insurance? YES/NO

If "YES" please name _____

Policy Number _____

Address: _____

Medical Release: "In the event that I cannot be reached in an emergency during Chapel City Church events and programs, I hereby give my permission to the physician or dentist selected by the Chapel City Church's leadership to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary."

Liability Release: Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in this event. They also agree not to hold this church (Chapel City Church) or its employees or volunteer assistants liable for any injuries to the person undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Image Release: *I, the legal parent/guardian of _____ hereby authorize and consent to the use of images or videos of my child/children listed above, with or without their name(s), by Chapel City Church for purposes including but not limited to: Church promotional materials, printed Church publications, Church internet posts including Church social media, and other Church media sources. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Chapel City Church, its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.*

I agree to the above Image Release Statement

Valid June 1, 2023 through August 31, 2024

Student Allergies _____

Medications _____

Parent Name (Please print) _____

Parent Signature _____ Date _____

I _____ give permission for my son/daughter _____ to participate in Chapel City Events & Programs, June 2023 - August 2024. I release Chapel City Church and any volunteer staff of this church from all claims of damage, demands, or actions in any manner arising or growing out of my son's/ daughter's participation under the ministry of Chapel City Church.

Signature _____ Date _____