



HARVEST

BIBLE CHAPEL

45570 Maben Road ♦ Canton, MI 48187 ♦ 734-459-7795 ♦ www.harvestcanton.org

Harvest Students Event Participation Form September 1, 2010 – August 31, 2011

I/We give Consent for _____ (name of minor) to attend any Harvest Student's events being sponsored by Harvest Bible Chapel from the month of Sept. 1st, 2010 through August 31st, 2011.

In the event that he or she is injured while under the care of the Harvest Bible Chapel and its' representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician. I/We further agree to hold the licensed physician, the medical facility, the Harvest Bible Chapel and its' representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release the Harvest Bible Chapel and its' representatives from any liability due to accident or injury incurred by my child.

Signed: _____

Medical Release & Permission Slip

Harvest Bible Chapel Student Ministry

Name of Youth Participant _____

Street _____ City _____ Zip _____

Phone _____ Grade _____ Age _____

Parental Email _____

Parent Cell # _____ Student Cell # _____

School _____ Date of Birth _____

Emergency Contact Person _____ Phone _____

Name of Insurance Company _____ Policy # _____

Physician Name _____ Phone _____

Please list any medical allergies, medications being taken, medical problems, dietary or physical limitations or other pertinent information:

I hereby give permission for the above named youth to participate in any and all youth ministry events and activities for the next 12 months (September 2010 – August 2011).

I give authorization for the youth pastor and/or other authorized adult sponsor to seek whatever medical assistance he/she deems necessary in the event of an accident or illness to the above named youth. I also understand that we are responsible for all medical expenses and related treatment costs and will not hold Harvest Bible Chapel, its officers, employees, and volunteers liable for any injury.

I acknowledge that the youth ministry activities and events may include but are not limited to activities both on and off church property, during day or evening hours, requiring transportation by motorized vehicles and occasionally involving over night stays. Such events and activities may involve the preparing and eating of food, along with events that may involve recreational and sports activities. I also realize that my child's picture or testimony may be used in promotional materials for the Harvest Bible Chapel Student Ministry.

I hereby give permission for the above email to be listed in an online email list for the purposes of communications with respect to events and general information.

Signature of Parent / Guardian _____

Relationship _____ Date _____