

**Mount Pleasant Christian Church**  
**Student Ministries Waiver**  
**June 1, 2010 - May 31, 2011**

I give my permission for \_\_\_\_\_, to participate in all officially sanctioned student ministry activities (includes but not limited to trips, outings, service projects, special events and church sponsored outings away from the church premises) throughout the calendar year. Students will be accompanied by a youth coach (includes but not limited to staff, volunteers and parents) and will be under adequate supervision. I further understand that I may revoke permission of a specific event or outing by written notice, hand delivered to the student ministry office more than one day prior to the trip.

Although the church desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks involved with participation in off campus trips and their associated activities. In consideration of my student being allowed to participate in this event, I agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Mount Pleasant Christian Church, its affiliated organizations, employees, agents, and representatives, including volunteers and drivers, from any and all claims arising from my student's participation. This release agreement does not apply to claims of intention (criminal) misconduct or gross negligence by the church, its employees or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I request that the church contact me. If the church cannot reach a parent/guardian after conscientious effort, I give permission for church staff and volunteers to contact medical personnel. If a life threatening emergency exists, I give permission for church staff and volunteers to contact medical personnel and then contact me as soon as possible thereafter.

I authorize and consent to any X-Ray examination, anesthetic, medical, dental or surgical treatment, and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_ Date \_\_\_\_\_

***(Please fill out both sides of this form!)***

**Mount Pleasant Christian Church**  
**Student Ministries Medical Release**  
**June 1, 2010 - May 31, 2011**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

I understand that responsible representatives (Staff, Youth Coaches, Volunteers and Parents) of MPCC will have access to this form.

**MPCC reserves the right to use my student's photo/images/video footage for future promotional purposes.**

Please list any medical issues, allergies, limitations, prescription medicines or frequently used medications:

(Please print the following information)

Minors Full Name: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance Company & Address:

Policy Number: \_\_\_\_\_ Group  
Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parents or Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent or Guardian Email Address: \_\_\_\_\_  
(email for use of Mount Pleasant Christian Church only)

Signature of Parent or Guardian: \_\_\_\_\_

\_\_\_\_\_ (initial here) My student is allowed to take any over the counter medicine.

***(Please fill out both sides of this form!)***