Woodburn Baptist Church
DNow 2019 Student Release Form
Return completed form to the church by Feb. 17

Student:_____ Grade:_____ Date of Birth: _____

Address:_____
street city state zip

Parents/Guardians:_____ and _____

Contact Phone Numbers:

Cell:_____ Work:_____

Emergency Contact (other than parent/guardian): Name:_____

Relation:_____ Phone:_____

Medical Information

Health Insurance Company: _____

Policy#:_____ Member's Name:_____

Family Physician: (name)_____ (phone)_____

Allergies:_____

Last Tetanus Shot:_____

Medications currently taking:_____

Other Medical needs:_____

Authorization and Release of Liability

I, the parent or guardian of the above-named child, authorize the participation of my child to attend the DNow Weekend (February 22-24, 2019) with Woodburn Baptist Church. In consideration of the privilege of my child's participation in this conference/trip, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue Woodburn Baptist Church and all of the church's staff, volunteers, employees, trustees, deacons, insurers, representatives, members and all other persons associated with Woodburn Baptist Church as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in this conference/trip, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in the conference/trip, and excepting claims that may not be released under applicable law.

I give permission for free use of my child's name and picture in broadcasts, telecasts or written accounts for any participation in this conference/trip.

I understand this activity is 3 days in length. I give permission for my child to ride in any vehicle provided by the Woodburn staff/volunteers for the purposes of transporting to multiple activity venues.

I give permission for my child to stay in the host home provided with the leadership provided.

Consent to Medical Treatment

In the event that my child is injured or becomes ill while on the trip/conference, and if no one, including myself or the emergency contacts are able to be reached, I, the parent/guardian of the above-named child, hereby authorize Woodburn Baptist, it's staff and volunteers to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance.

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including, but not limited to the Authorization and Release of Liability, Medical Information, and Consent to Medical Treatment.

_____ _____

Parent/Guardian (both if possible) Date