

# ALL NIGHTER

## Release Form

### PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of Minor: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

Street/Apt Number City Zip code

Daytime Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Pre-existing or present medical conditions: \_\_\_\_\_

Name of medications & dosage minor is currently taking: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Any activity Restrictions \_\_\_\_yes\_\_\_\_no If yes, explain:

\_\_\_\_\_

### **Medical Liability & Release:**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. I also agree to keep the church and all affiliated persons with up-to-date and accurate contact information. If I cannot be reached during an emergency, I hereby give my permission selected by the activity leader to hospitalize, to secure treatment and/or order an injection, x-ray, examination, anesthesia, or surgery diagnosis or treatment for my child as deemed necessary. I hereby authorize any hospital or medical facility that had provided treatment to the participant to surrender physical custody of the participant upon the completion of treatment.

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I understand that my insurance coverage for my child will be used as primary coverage in the event that medical intervention is needed. I understand that charged not covered by my insurance will be the personal responsibility of me as a parent or guardian.

I acknowledge that participating in all trips is a privilege. I understand all reasonable safety precautions will be taken at all times by Fyffe Church of God and its agents during events and activities at or away from church. I understand the possibility of unforeseen hazards and know the inherent responsibility of risk. I hereby waive and release and all rights and claims for damages that I, my spouse, or my child have against Fyffe Church of God and its affiliates, volunteers, employees, representatives, and assigns for any and all damages, losses, injuries and illnesses suffered by my child that may arise from and trip or activity. I understand that the wearing of seatbelts is Alabama State law and the policy of Fyffe Church of God. I understand that me and/or my child will be required to wear a seatbelt at all times while the vehicle is in motion, and I understand that failure to abide by this law can result in the revoked privilege of riding a church owned, rented, or personal vehicle assigned to any future trips. I understand that I may also be financially responsible in whole or in part for any fine or violation incurred by the driver for this offense including the loss of wages for the driver.

I consent to the use of any video images, photographs, audio recordings, and any other visual or audio reproduction that may be taken of the subject of this release during all trip/activities on and off the campus to be used, distributed, or shown as Fyffe Church of God sees fit.

I consent to Fyffe Church of God and its affiliates, volunteers, employees, representatives, and assigns to assign my child to ride in any church owned, rented, or personal vehicle assigned to any trips (all adults will be driven by adults only). I agree that if my personal vehicle is used and assigned to any trip that I will not hold Fyffe Church of God and its affiliates, volunteers, employees, representatives and assigns responsible for any damages or liabilities incurred before, during or after trips.

I further agree that in the event the me, my spouse, my child, or other related person should make any claim against Fyffe Church of God, I will personally indemnify, defend, and hold harmless Fyffe Church of God and its affiliates, volunteers, employees, representatives, and assigns against any and all loss of damage, including attorney fees, arising directly or indirectly from my and/or my child's actions.

**Parent or Guardian Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Participant (if over 18 years of age):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NO WEAPONS, ALCOHOL, TOBACCO PRODUCTS, VAPING, PROFANITY, OR PDA  
ALLOWED ON TRIP OR DURING EVENT.**

**ALL MEDICATIONS BROUGHT TO EVENT or TRIP MUST BE LABELED (NAME,  
MEDICATION NAME, DOSAGE) AND SEALED IN A ZIP LOCK BAG GIVEN TO  
AUTHORIZED LEADER/ADULT UPON ARRIVAL.**

***This Release is for: All Trips & Activities Sponsored by Fyffe Church of God and any of  
its Affiliates:***

***Date:*** \_\_\_\_/\_\_\_\_/\_\_\_\_ ***thru Date:*** \_\_\_\_/\_\_\_\_/\_\_\_\_