

Effective dates: May, 2006 – May, 2007

Grace Fellowship Student Ministry
Medical Release & Permission

PLEASE PRINT IN INK

- No students will be allowed to drive other students without the parental permission of the student passengers.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect property.
- Respect other students, interns, and adult leaders.
- Respect and comply with event schedules.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the above guidelines, the above evaluation of my health, and permission to participate in student ministry activities. I agree to abide by the stated personal limitations (medical) and guidelines.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, hiking, river tubing, miniature golf, Bible studies. Note: If you desire to limit your student's participation in any event, please submit your wishes in writing to Grace Fellowship interns prior to that event.

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by Grace Fellowship of South Forsyth (hereinafter "Grace Fellowship") from May 1, 2006, to May 1, 2007.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases Grace Fellowship and its interns and adult leaders of any liability against personal losses of named student.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Grace Fellowship. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Grace Fellowship, its pastors, employees, agents, and volunteer workers from any and all liability for any loss, injury, damage, or death to person or property that may occur during the course of my/our student's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Grace Fellowship, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we assume full responsibility for updating any medical and/or insurance information throughout the year as necessary. I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the student ministry interns and adult leaders.

Parent/guardian signature: _____ Date: _____