

FPC Student Ministries

Information Sheet & Release Form for Aug. 2008-Aug. 2009

PERSONAL INFORMATION

(PLEASE PRINT)

Name _____ Parent Name (s) _____
Address _____ Parent Email Address _____
City _____ State _____ Zip _____ Student Email Address _____
Birthdate _____ Age _____ Sex _____ Grade _____ Is this your first trip with FPC Student Ministries?
School _____ Yes No
Telephone _____ Fax # _____ T-Shirt Size (circle one) S M L XL XXL
Parent Alternate Phone (work/cell) _____ Are you a member of First Presbyterian Church?
Yes No

MEDICAL INFORMATION

Date of last Tetanus Shot (must be within last 10 years) _____

Check the appropriate blank if you have ever had any of the following apply to you.

Allergies (including drugs) Epilepsy Respiratory Problems
 Dizziness or Fainting Surgery in Last Year Diabetes
 High Blood Pressure Bee/Wasp Reaction Heart Trouble
 Physical Disability Hay Fever Other
 Asthma Penicillin Allergy

Regular Medication. Please list below:

INSURANCE INFORMATION

Form will NOT be processed without insurance information. If you do not have insurance, please call FPC Student Ministries Office (918) 584-4701.

Insurance Company _____ Policy Number _____ Policy Holder _____

ALTERNATE EMERGENCY CONTACT:

Name _____ Address _____
Phone _____ Alternate Phone _____
Student's Physician _____ Office Phone _____

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE TRIP SPONSORED BY FIRST PRESBYTERIAN CHURCH DESCRIBED HEREN AND IN CONSIDERATION OF THE BENEFITS TO BE DERVID THERE FROM, I HEARBY RELEASE FIRST PRESBYTERIAN CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HIERS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS FROM ALL CLAIMS AND LIABILITIES OF ANY KIND, WHETHER KNOWN OR UNKNOWN, WHICH ARISE FROM OR ARE CONNECTED IN ANY WAY WITH MY PARTICIPATION OR THE PARTICIPATION OF ANY MEMBER OF MY FAMILY, INCLUDING MY SPOUSE OR MINOR, IN THE TRIP.

I RECOGNIZE THAT THE CONDITIONS IN SOME OF THE PLACES TO WHICH MY SPOUSE, MY CHILD, OR I WILL TRAVEL ARE NOT OF THE SAME STANDARD AS THE CONDITIONS TO WHICH I AM ACCUSTOMED. I REALIZE FURTHER THAT THERE ARE CERTAIN HEALTH RISKS AS WELL AS OTHER RISKS TO PERSONNEL AND PROPERTY, AND I ENTER INTO PARTICIPATION IN THE TRIP AND AGREE TO THE PARTICIPATION OF MY SPOUSE OR MINOR CHILD WITH KNOWLEDGE OF THOSE RISKS. IF FOR ANY REASON MY SPOUSE OR CHILD IS UNABLE TO COMPLETE THE PLANNED STAY OR PROJECT, I ASSUME FULL RESPONSIBILITY FOR EXPENSES INCURRED FOR ME, MY SPOUSE, OR MY CHILD, OR CHILDREN'S RETURN HOME.

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE A LEADER OF THIS ACTIVITY, AS AN AGENT FOR ME AND MY SPOUSE OR MY CHILD TO CONSENT TO: ANY X-RAY EXAMINATION; MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS; TREATMENTS; HOSPITALS CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON OR DENTIST (AS APPROPRIATE) LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE OR COUNTRY WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN A HOSPITAL. I EXPECT MY FAMILY TO BE CONTACTED AS SOON AS POSSIBLE.

I CERTIFY THAT I AM LAWFUL AGE AND COMPETENT TO SIGN THIS RELEASE, AND HAVE DONE SO VOLUNTARILY.

I UNDERSTAND THAT THIS DOCUMENT CONSTITUTES A FULL AND COMPLETE WAIVER OF ALL POSSIBLE CLAIMS FOR ANY ACT OR OMISSION, INCLUDING CLAIMS FOR NEGLIGENCE REGARDING INJURY OR PROPERTY DAMAGES, ARISING OUT OF MY OR ANY CHILD OF MINE'S PARTICIPATION IN THE TRIP.

I UNDERSTAND THAT THIS RELEASE APPLIES TO, COVERS, AND INCLUDES UNKNOWN, UNFORESEEN, UNANTICIPATED, AND UNSUSPECTED DAMAGES, LOSSES, OR LIABILITIES AND THE CONSEQUENCES THEREOF, WHICH RESULT FROM THE MATTERS HEREINBEFORE INFERRED TO AS WELL AS THOSE NOW DISCLOSED AND KNOWN TO EXIST. THE PROVISIONS OF ANY STATE, FEDERAL, LOCAL, TERRITORIAL LAW OR STATUTE PROVIDING IN SUBSTANCE THAT RELEASES SHALL NOT EXTEND TO CLAIMS OR DAMAGES WHICH ARE UNKNOWN OR UNSUSPECTED TO EXIST AT THE TIME ARE HEREBY EXPRESSLY WAIVED BY ME.

PARENT/GUARDIAN RELEASE

As the parent/legal guardian of the above named minor, I give my permission to him/her to participate in the First Presbyterian Youth Ministries mission trip. I certify the provided information is correct and I HAVE READ THE LIABILITY WAIVER AND RELEASE. In an emergency I give my permission to the First Presbyterian Church Youth Staff to act on my behalf regarding my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken.

Parent/Guardian Signature _____ Date _____

I GRANT PERMISSION TO FIRST PRESBYTERIAN CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HIERS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS TO USE MY CHILD'S NAME AND/OR PHOTOGRAPHS FOR USE IN FIRST PRESBYTERIAN CHURCH PUBLICATIONS SUCH AS BROCHURES AND NEWSLETTERS, AND TO USE MY NAME AND/OR PHOTOGRAPHS IN ELECTRONIC VERSIONS OF THE SAME PUBLICATIONS OR ON THE FIRST PRESBYTERIAN CHURCH WEB SITE OR OTHER ELECTRONIC FORMS OR MEDIA. I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PHOTOGRAPHS OR PRINTED OR ELECTRONIC MATTER THAT MAY BE USED IN CONJUNCTION WITH THEM NOW OR IN THE FUTURE, WHETHER THAT USE IS KNOWN TO ME OR UNKNOWN. I HEREBY AGREE TO RELEASE, DEFEND, AND HOLD HARMLESS FIRST PRESBYTERIAN CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HIERS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS, INCLUDING ANY FIRM PUBLISHING AND/OR DISTRIBUTING THE FINISHED PRODUCT IN WHOLE OR IN PART, WHETHER ON PAPER OR VIA ELECTRONIC MEDIA, FROM AND AGAINST ANY CLAIMS, DAMAGES OR LIABILITY ARISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPHS, INCLUDING BUT NOT LIMITED TO ANY MISUSE, DISTORTION, BLURRING, ALTERATION, OPTICAL ILLUSION OR USE IN COMPOSITE FORM, EITHER INTENTIONALLY OR OTHERWISE, THAT MAY OCCUR OR BE PRODUCED IN TAKING, PROCESSING, REDUCTION OR PRODUCTION OF THE FINISHED PRODUCT, ITS PUBLICATION OR DISTRIBUTION.

MEDIA RELEASE

I am the parent or legal guardian of the above named child. I have read this media release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Parent/Guardian Signature _____ Date _____

STUDENT CODE OF BEHAVIOR

1. I will notify an adult leader in the event I temporarily leave the group for any reason.
2. I will participate in all group activities that I am physically able.
3. I understand the need for separated sleeping arrangements and will honor this.
4. No sexual activity; or any sexual material or paraphernalia.
5. I understand that I am not allowed to POSSESS or USE any type of weapons, tobacco, alcohol, or any other type of drugs, as well as fireworks.
6. I will respect the authority of the Adult Leaders and follow their instructions.
7. I will comply with the FPC Student Ministry policy on media and electronic use.

I/We have reviewed the above rules contained within the Student Code of Behavior and agree to abide by them. I/We also acknowledge that if the subject of this release has to return home early for violation of any of the above rules it will be at my/our expense.

Parent/Guardian Signature _____

Student Signature _____

Date _____