

General Information—Please Print

Participant Name _____ Date of Birth _____

Participant's Address _____

Phone Number _____

Emergency Contact and Phone _____

Medical Questionnaire

Family Doctor _____ Doctor's Phone Number _____

Insurance Company _____ Policy Number _____

Are you presently being treated for any injury or sickness or currently taking any form of medication for any reason? YES NO

IF yes, please explain _____

Do you have any allergies? (including medications)

YES NO

IF yes, please explain _____

Do you have any special needs that we need to be aware of? Yes NO

IF yes, please explain _____

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I consent to the administration of first aid and/ or doctor's care and any other form of medical treatment necessitated by illness and/or injury that may require the same. In the event of the necessity of such care and treatment as hereto described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Parent/Participant's Signature

Date

Medical and Liability Release Form

Name of Participant

In consideration for being accepted by Christ The Rock Fellowship for participation in the **Generation on the Rock Youth Retreat, August 9-12, 2019 held at The Firs Retreat Center in Bellingham, WA.** I do hereby release, forever discharge and agree to hold harmless Christ The Rock Fellowship and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participants, including expenses incurred attendant thereto.

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I consent to the administration of first aid and /or doctor's care and any other form of medical treatment necessitated by illness and/or injury that may require the same. In the event of the necessity of such care and treatment as hereto described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Signed this _____ day of _____, 2019
Day Month Year

Parent/Guardian Signature

Director's Signature

Parents Phone Number _____

Cell Number _____