

West Avenue Presbyterian Church CHRIST TREK Ministry Program

Medical and Liability Release Form

Youth and Adult participants please fill out the following section:

Note to Participants: This form (1) waives West Avenue Presbyterian Church from all liabilities from damage, injury, illness, death to CHRIST TREK participants (2) gives the CHRIST TREK staff and your group leader's authorization to secure medical aid for your youth should it be necessary.

I/We the undersigned parent(s) or guardian(s) of (youth participant) _____ or the adult participant (adult participant) _____ hereby acknowledge that participants will be participating in the CHRIST TREK Ministry experience or related activities and will be using facilities at the mission team participants' own risk. I/We on our own behalf, hereby release, discharge and indemnify West Avenue Presbyterian Church, its directors, officers, employees, agents and all volunteer personnel from all liabilities, claims and causes of actions or action of any type whatsoever arising out of or in any way connected with my participation in the activities of CHRIST TREK Ministry, including but not limited to liabilities of damage, injury, illness and death to the mission participants or their property during their participation in or travel to or from any CHRIST TREK Ministry experience or related event. I/We agree to pay any and all expenses incurred by group participant for damage, injury, illness, accident, and death.

I/We the undersigned hereby authorize any hospital, clinic, physician, doctor, nurse, or technician to furnish my youth, named above, any medical care and treatment necessary as a result of injuries sustained, or other emergency medical care and treatment as the circumstances require, while at the church, while being transported from and back to the church, and while at the place of destination. I/We the undersigned further authorize a representative of West Avenue Park Presbyterian Church or _____ (your church name) to retain or acquire said medical care and treatment in behalf of the undersigned as if personally done by me/us.

This ____ day of _____ (Month), _____ (Year).

Emergency Contact: _____ Relation: _____

Home Address: _____

Phone Number: HOME (____) _____ Work Number of Contact stated above (____) _____

Participant Name: _____

Insurance Information: _____

Group Number: _____

Physician: _____ Phone #: (____) _____

Please circle if you have been or being treated for any of the following:

Diabetes Elevated Cholesterol Asthma Other: _____

High Blood Pressure Back Pain Heart Disease

Epilepsy Muscular Problems Arthritis Date of last tetanus shot: _____

Please list all medications that you are currently taking: _____

ALLERGIES: _____

By signing below, indicates I have filled out the above information correctly and will abide by the GROUP COVENANT accompanying this form. I also permit the taking and use of photographs, audio, and video of my children/myself at CHRIST TREK Ministry to be used for promotional materials for online and print materials. I relinquish any right to examine and approve the completed materials prior to publication and release CHRIST TREK Ministry and the church from any liability.

Signed, CHRIST TREK participant (adult and youth) _____

Parent(s)/Guardians(s) of youth under 18 only _____