



# Bridges Church Youth Ministry Release/Safety Form 2011

## PARENT OF MINOR CONSENT AND HOLD HARMLESS

\_\_\_\_\_  
Minor Child's Name      Date of Birth      Age      Sex

\_\_\_\_\_  
Address      City      State      Zip

\_\_\_\_\_  
Home Phone Number      Cell Phone Number

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_  
(Parent/Guardian Name Printed)      (Minor's Name Printed)  
have been informed of the activities sponsored by Bridges Church, and hereby give my consent for my minor child to participate in any and all Bridges Church activity or events. This authorization and release will remain in affect until December 31, 2010 unless revoked sooner in writing and delivered to said agent(s) associated with aforesaid activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of unforeseen hazard does exist. I further agree not to hold Bridges Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the minor listed on this form.

\_\_\_\_\_  
Parent/Guardian Signature      Date

## PHOTO RELEASE

I hereby agree that Bridges Church may use any type of audio and/or visual records of this program for its promotional and/or commercial purposes without compensation to me.

I have read, understand, and agree to the above.

\_\_\_\_\_  
Parent/Guardian Signature      Date

**-PLEASE COMPLETE OTHER SIDE-**

## PARENT CONSENT TO TREAT A MINOR

Being the parent or legal guardian of \_\_\_\_\_, I \_\_\_\_\_  
do consent to

(Minor's Name Printed)

(Parent/Guardian's Name Printed)

any x-ray, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand, that the doctors, dentists and other healthcare providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care of treatment that is given to my child. Any policy of Bridges Church or other involved organizations will be used as secondary coverage.

\_\_\_\_\_  
(Minor's Date of Birth)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## MEDICAL INFORMATION

Check and specify if your child has any of the following medical conditions and give details below:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergies to Medications, Foods or other | <input type="checkbox"/> Stomach upsets   | <input type="checkbox"/> Frequent Colds                            |
| <input type="checkbox"/> Rheumatic Fever                          | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Diabetes                                  |
| <input type="checkbox"/> Eye, Ear, Nose, Throat Conditions        | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Epilepsy or other Nervous System Disorder |
| <input type="checkbox"/> Other _____                              |   |  |

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is excluded from the following activities: \_\_\_\_\_

Any swimming restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

## TRIP SAFETY PROCEDURES

### Vehicles

1. Seatbelts must be worn at all times.
2. No hazardous, disruptive activity or noise will be permitted while the vehicle is moving.
3. All passengers must follow the driver's requests/instructions.
4. Keep all objects inside the vehicle.
5. All windows must be kept clear of anything that disrupts the view of the driver.
6. In case of accident or emergency, do not exit the vehicle unless instructed by the driver. Always exit on the side of the vehicle away from traffic.

### On the Trip

1. Listen and obey the requests of staff members at all times.
2. Do not participate in dangerous behavior.
3. Do not bring anything illegal on the trip.

I have read, understand and will comply with these rules during the entire trip, I understand that if I do not, I will lose the opportunity to participate in the trip and will be sent home.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

I have read and understand the trip rules and understand the consequences of my child's failure to comply with them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date