

ENCOURAGEMENTLINK CONSENT AND RELEASE FORM

I, the undersigned parent or legal guardian, do hereby grant permission for the following child:

Last Name	First Name	Middle Name	Date of Birth
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To (check the applicable spaces):

- _____ attend, participate in and/or go on any and all events, camps, and activities sponsored or hosted by EncouragementLink, including any related travel; and to be photographed or videotaped at these events for promotional purposes
- _____ attend, participate in and/or go only on the specific following event, camp, or activity sponsored or hosted by EncouragementLink, including any related travel; and to be photographed or videotaped at this event for promotional purposes
- Specific Event Title and Dates: _____

Family Physician _____

Physician Phone _____

Insurance Company _____

Policy Number _____

Insurance Company Phone Number: _____

Allergies/reaction: _____

Special Dietary Needs _____

Prescription Meds _____

Non-Prescription Meds _____

Are participant immunizations up to date? YES NO

Date of last Tetanus _____

List any health, behavioral, or emotional issues which may affect participant's ability to engage in EncouragementLink events, camps, or activities, including any current infectious disease:

Should activity be restricted because of any reason?

YES NO (explain) _____

CONSENT TO MEDICAL CARE

In the event of an emergency where medical treatment is required I give permission to EncouragementLink and any of its officials, employees, staff, representatives, agents and volunteers (collectively "EncouragementLink Staff") to obtain or arrange for medical services and treatment, including the services of a physician, and to authorize treatment on my behalf. Please attempt to notify me immediately concerning any such emergency. I acknowledge and agree that I am responsible for payment and that my insurance plan is the primary coverage for any such treatment and any insurance plan of EncouragementLink may only be used, if at all, as the secondary coverage, if applicable.

Print Name of Parent/Guardian

Signature of Parent/Guardian

RELEASE AND INDEMNITY AGREEMENT

For and in consideration of permitting the above named minor child to observe, or use any facility or equipment of EncouragementLink, or engage in and/or receive instruction in any event, camp, or activity incidental thereto some of which may involve dangers and risk of bodily injury, the undersigned parent or guardian of the above named minor child agrees for myself, my heirs and my personal representative, to release and indemnify, hold harmless, and forever discharge, to the broadest extent allowed by law, EncouragementLink and its officials, trustees, officers, directors, staff, independent contractors, agents, employees, volunteers, and/or servants from and against any and all liability claims, demands, actions, expenses, losses, and costs, including attorney fees, causes of action on account of any damage to real or personal property or any personal injury or death that may arise out of or in connection with my child's participation in the above named event, camp, and/or activity and any related medical treatment. This form is valid for one year from the date it is signed, or the date the specific event, camp, or activity is completed if option 2 above is selected, unless sooner terminated by me in writing delivered to EncouragementLink; provided, however, in any event the release and indemnity provisions hereof shall survive any such termination or expiration.

The undersigned parent or guardian represent that he/she has read this Release and Indemnity Agreement, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and legal consequences of the signing of this Release and Indemnity Agreement.

Print Name of Parent/Guardian

Signature of Parent/Guardian

_____ Date _____

Parent Phone/Phones: _____

Parent Address: _____

Other Emergency Contact Name and Phone Number: _____

ENCOURAGEMENTLINK CONSENT AND RELEASE FORM

I, the undersigned, wish to voluntarily participate in the: East White Oak Bible Church - Mission to Michigan

(describe the event, camp, and/or activity including date/s and location)

Family Physician _____

Physician Phone _____

Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

Allergies/reaction _____

Special Dietary Needs _____

Prescription Meds _____

Non-Prescription Meds _____

Are participant immunizations up to date? YES NO

Date of last Tetanus _____

List any health, behavioral, or emotional issues which may affect participant's ability to engage in EncouragementLink events, camps, or activities, including any current infectious disease:

Should activity be restricted because of any reason?

YES NO (explain) _____

CONSENT TO MEDICAL CARE

In the event of an emergency where medical treatment is required I give permission to EncouragementLink and any of its officials, employees, staff, representatives, agents and volunteers (collectively "EncouragementLink Staff") to obtain or arrange for medical services and treatment, including the services of a physician, and to authorize treatment on my behalf. I acknowledge and agree that I am responsible for payment and that my insurance plan is the primary coverage for any such treatment and any insurance plan of EncouragementLink may only be used, if at all, as the secondary coverage, if applicable.

Print Name

Signature

Date _____

RELEASE AND INDEMNITY AGREEMENT

For and in consideration of observing, or using any facility or equipment of ENCOURAGEMENTLINK, or engaging in and/or receiving instruction in the above named event, camp, and/or activity incidental thereto some of which may involve dangers and risk of bodily injury, the undersigned agrees for myself, my heirs and my personal representative, to release and indemnify, hold harmless, and forever discharge, to the broadest extent allowed by law, ENCOURAGEMENTLINK and its officials, trustees, officers, directors, staff, independent contractors, agents, employees, volunteers, and/or servants from and against any and all liability claims, demands, actions, expenses, losses, and costs, including attorney fees, causes of action on account of any damage to real or personal property or any personal injury or death that may arise out of or in connection with my participation in the above named event, camp, and/or activity and any related medical treatment. The undersigned represents that he/she has read this Release and Indemnity Agreement, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, use of facilities or equipment, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands this legally binding Release and Indemnity Agreement.

Print Name

Signature

Date

Phone/Phones: _____

Address: _____

Emergency Contact Name: _____ Phone Number _____