

2024/2025

2RC Student Ministries
Activity Permission and Medical Release Form

Grade _____

Male _____ Female _____

Contact Information:

Student's Name: _____ Date of Birth: _____

Parent(s) or Legal Guardian: _____ Relationship to Student: _____

Address: _____

Home Phone: _____ Parent Cell Phone: _____ Parent Email: _____

Emergency Contact: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone _____

Health Information:

Known Allergies: _____

Special Medical Conditions: _____

Medication Currently Taking: _____

Health Insurance Information: (A copy of Insurance card)

Insurance Company: _____

Policy #: _____ Group #: _____

Address: _____ Phone: _____

Release:

I, as the undersigned, am the legal guardian of _____, a minor and have given my consent for him/her to participate in activities hosted by Two Rivers Church. In consideration of the Two Rivers Church granting the student permission to participate in any Two Rivers Church sponsored event, I hereby assume all risks of her/his injury (including death) that may result from any hosted activity. As parent/guardian I do hereby release and agree to indemnify, defend and hold harmless the Two Rivers Church, Josiah Haas, Jordan Thigpen, an associated adult supervisor and all participants in the activity from and against all liability including claims and suits of law or in equity for injury (fatal or otherwise) which may result from any negligence and/or the student taking part in activities. In the event that he/she is injured while participating and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my consent, I hereby authorize Josiah Haas, Jordan Thigpen, or an associated adult supervisor to give such consent for me if I cannot be reached by telephone at one of the numbers listed above, or because of an emergency in which there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for me, I agree to hold such person, other associated adults and Two Rivers Church free and harmless of claims, demands, or suits for damages which may arise from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate as of this date. By signing below I acknowledge that attendance at any Two Rivers Student/Kid's Ministry Event grants permission to use the above named student/child's photographs and images in Two Rivers Church promotional material.

Signed

Date