

Evangel Assembly of God Parental Consent, Certification, and Medical
Authorization Form

General Information

Minor _____

Date of Birth ____/____/____

Minor's address

Parent/Guardian 1 _____

Phone Number _____

Parent/Guardian 2 _____

Phone Number _____

Family Doctor _____

Doctor's Phone _____

Insurance Company Covering Minor _____

Policy # _____

Regularly Scheduled Activities Questionnaire

Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities which include but are not limited to field trips to local restaurants and amusement parks, swimming, boating, hiking, and attending and participating in sporting events? (i.e.: Cannot swim, vertigo, etc.)

Yes _____ No _____

If yes, explain below. (A written release must be submitted by the minor's physician authorizing them to participate).

Special Activities Questionnaire (Overnight Events)

Is the minor presently being treated for an injury or sickness or taking any form of medication for any reason? Yes _____ No _____
(Please explain)

Does the minor have any allergies (including medications)?
Yes _____ No _____
(Please explain)

Does your child require a special diet? Yes _____ No _____
If yes, what kind

By signing the GENERAL RELEASE AND HOLD HARMLESS AGREEMENT on the reverse of this page, I certify that the minor named above is physically fit and adequately trained to participate in any and all Activities operated or sponsored by **Evangel Assembly of God**.

Evangel Assembly of God

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, the undersigned, am the parent or legal guardian of the minor named above, who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated or sponsored by **Evangel Assembly of God** (IMMERSE student ministries).

I understand and acknowledge that **Evangel Assembly of God** will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have or will investigate the risks involved in the minor's participation in the Activities and fully understand and assume such risks on his or her behalf.

I REQUEST THAT THE CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEROF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE **EVANGEL ASSEMBLY OF GOD**, ITS OFFICERS, TRUSTEES AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES

VOLUNTEERING ON BEHALF OF **EVANGEL ASSEMBLY OF GOD** FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, INCLUDING THE TRANSPORTATION TO AND FROM THE ACTIVITIES REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of the Evangel Assembly of God's representatives while participating in the Activities.

This agreement is binding on the minor's heirs, successors, and personal representatives for the period running **Sept. 28, 2018 – Oct. 30, 2019**.

X _____ / ____ / ____

Parent/Legal Guardian (Individually and on behalf of the minor) and date

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint **Jordan Hilkey (or his agent)** as my agent to act for me in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. I understand that the church will not be responsible for medical expenses incurred solely on the basis of this authorization. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

X _____ / ____ / ____

Parent/Legal Guardian (Individually and on behalf of the minor) and date

Evangel Assembly of God