



WOODLAND HILLS
family church

3953 Green Mountain Drive, Branson, MO 65616 (417) 336-5452

Minor Release Form

Activity Sponsor: Woodland Hills Family Church

Date Period (i.e. year): _____

Contact: _____
Name Number

Participant Information (To be completed by parent or authorized guardian)

Participants Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

AT&T Metro PCS Nextel Net 10 Sprint T-Mobile Verizon Virgin Mobile US Cellular

Parent/Guardian Name: _____

In case of Emergency: First person to contact:

Name: _____ Phone: _____

If the above person cannot be reached, please contact:

1. Name: _____ Relationship _____ Phone _____

2. Name: _____ Relationship _____ Phone _____

Is activity sponsor authorized to approve medical treatment? Yes No
Is participant covered by personal/family medical insurance? Yes No

Name of insurer: _____

Policy or group number: _____

Important Medical Information: Please fill in every blank if not applicable with ""N/A"

1. I am allergic to the following medicines, food, or insect stings _____
2. I routinely take the following medicine(s): _____
3. I received a tetanus immunization on the following date: _____
4. I have the following recurring health problem(s) (i.e., asthma, nosebleeds, ear aches): _____
5. Additional needs either physical or psychological that are of special concern: _____

PLEASE COMPLETE BACK PAGE

PAGE 1 OF 2



Parent/Guardian Authorization

I acknowledge to the best of my knowledge, all information provided on this form is accurate and complete. The person described has my full permission to participate in the activity and is in good health.

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by activity sponsor to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and /or surgery for the above named.

In consideration for the opportunity to participate in the activity describes above (the "activity"), the participant (or parents or guardians, if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts person financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) release and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS PROVISIONS. I ALSO ACKNOWLEDGE THAT I HAVE READ THE RULES AND AGREE TO ABIDE BY SAME AS WELL AS ALL OTHER RULES POSTED.

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian's Printed Name: _____

Minor's Printed Name: _____

Minor Signature: _____

Guests under the age of 18 who will be attending the activity unaccompanied by a parent/guardian must bring this form, signed by their parent/guardian.

PLEASE COMPLETE FRONT PAGE

PAGE 2 OF 2