



PARTICIPATION AND MEDICAL CONSENT/RELEASE FORM

PARTICIPATION INFORMATION:

Name: _____

Birth date: _____ Age: _____ Grade: _____ Sex: M F SS#: _____

Home Address: _____

EMERGENCY INFORMATION:

Parent or Guardian Name: _____

Phone: Cell () _____ Home () _____ Work() _____

Emergency contact: _____ Relationship: _____

Phone: Cell () _____ Home () _____ Work() _____

Family Physician: _____ Phone () _____

Address: _____

Allergies to medications, or other pertinent medical information: _____

INSURANCE INFORMATION:

Insurance Company Phone: () _____

Policy Holder's Name: _____ Date of Birth: _____

Policy Number: _____ Group Number: _____

CONSENT AGREEMENT:

I, the undersigned, as a parent or legal guardian of the above-named minor, or as a participant who is 18 years of age or older, hereby give my consent for above named person to participate in the SonRise Christian Fellowship activities on reverse side. I am now of no physical or emotional condition which would limit the participation of this person in the activities, except as listed on the reverse side of this form and I do hereby authorize the release of any requested medical report to SonRise Christian Fellowship.

If this person should, for any reason, require any emergency medical or surgical treatment during the activities, I authorize such physician or medical staff as you may designate to any out the necessary treatment I further authorize you to transport or arrange for the transport of this person to the Emergency Room of the nearest hospital and I authorize the hospital and it's medical staff to perform any treatment deemed necessary by them for the well-being of this person.

It is understood, however, that if hospitalization or treatment of a serious nature is required, every effort will be made to contact me by telephone for permission.

It is understood that SonRise Christian Fellowship will not incur any liability for the above participant. It is further understood that the SonRise Christian Fellowship has no medical insurance outside the U.S. borders for the above participant. I (parent or legal guardian) accept all financial responsibility for the above participant in any event.

I hereby release the ministers, officers, directors, agents, employees, members, and volunteers of SonRise Christian Fellowship from any and all liability for any and all injuries, illnesses, or other damages/losses that may be incurred by the above-named person, or his or her personal property, during the course of any and all activities, including transportation to or from activities.

I have read and fully understand the provisions of the above-release.

Signature: _____ Date: _____

Parent/Legal Guardian of person - 18 years or older.

(Please Turn Over)

**SONRISE CHRISTIAN FELLOWSHIP
RELEASE OF LIABILITY AND INDEMNITY AGREEMENT – MINOR**

I, the undersigned, as a parent or legal guardian of the minor named below, hereby agree to allow said-minor to participate in all activities ---' religious, sports, athletic, and social --- on and off the campus of SonRise Christian Fellowship and on organized trips to other locations and events.

I realize that unanticipated and unexpected dangers may arise during and associated with these activities. I voluntarily agree to accept any and all risks of injury, death or damages of any nature resulting directly or indirectly from named minor's participation in these activities.

In consideration of the benefits provided by SonRise Christian Fellowship, I hereby agree that neither, I, my successors, assigns, nor anyone acting on my behalf will make claim against or sue SonRise Christian Fellowship, its officers, agents, employees, members, or volunteers as a result of said minor's participation in the youth activities slated above. In addition, I hereby release SonRise Christian Fellowship, its officers, agents, members, employees, and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or may hereafter at any time have for injury or damage. This release does not apply to intentional and/or willful acts of misconduct by SonRise Christian Fellowship officers, members, employees, or volunteers.

The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian Church. Therefore, the parties agree that any controversy or claim arising out of this agreement shall be resolved with the assistance of the Center for Conflict Resolution, a Christian Conciliation Service, through mediation, and if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation. The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

I understand that this agreement and release of liability is enforceable against me only as parent or guardian of the minor named on this form. This agreement and release of liability may not be enforceable against named minor when he/she becomes of legal age. Therefore, in further consideration for permitting the named minor to participate in the activities listed above, I agree to defend SonRise Christian Fellowship, its officers, agents, members, employees, and volunteers against any claim or lawsuit for injury or damage. This includes loss or damage arising from or in any way connected with named minor's participation in the activities, including any injury, loss or damage resulting from the condition of any facility or from negligence, carelessness or other acts of SonRise Christian Fellowship, its officers, agents, members, employees or volunteers. I also agree to reimburse SonRise Christian Fellowship, its officers, agents, members, employees or volunteers for any loss, damage, liability, cost or expense they suffer as a result of any such claim or lawsuit brought against SonRise Christian Fellowship by the named person.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and indemnity and that it is a binding contract between SonRise Christian Fellowship and me as I sign this of my own free will.

Minors Name: _____ Date: _____

Parent/Guardian Signature: _____
(Youth may sign this release if 18 or older)

Print Name: _____ Relationship to Minor: _____