



Calvary Student Ministry WAIVER 2021 Information/Medical Release/Photo Release Form

First/Last Name _____ Date of Birth ____/____/____
 Address _____ School: _____
 City/State/Zip _____ Grade: _____
 Student Phone # _____ Student E-Mail _____
 Name of Parents _____
 Parent/Guardian Phone # _____/
 Parent E-Mail _____
 Emergency Contact Name/Phone _____/_____

Medical Insurance Company _____ Policy # _____
 Dr.'s Name and Phone _____ / _____
 Dentist's Name and Phone _____ / _____
 Please list ANY ALLERGIES _____
 Please list any health concerns _____

_____ has my permission to attend all youth activities sponsored by Calvary Community Church. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and staff of any liability against personal losses of named child.

I/We understand have signed the legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We release the church, its pastors, employees, and volunteer workers from any and all liability for any injury, loss, or damage done to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a medical personal. In the event that that treatment is required from medical professional or personal designated by the church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damage arising from the giving of such consent. I/We acknowledge that we will be ultimately responsible for the cost of any medical care.

Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Student Ministries staff member.

Parent/Guardian _____ Date _____

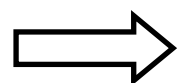




Photo Release Form

I grant Calvary Community Church, its representatives, and employees the right to take photographs of me/my child and my their property in connection with various youth activities. I authorize Calvary Community Church, its assigns and transferees to copyright use and publish same in print or electronically.

I agree that Calvary Community Church may use photographs of me/my child with or without their name and for any lawful purpose, such as using photographs for publicity, illustrations, and web content.

I have read and understand the above.

Parent Signature _____ Date _____

Student Signature _____ Date _____