

# 2020-2021 STUDENT MINISTRIES MEDICAL/LIABILITY RELEASE

Please fill out this form in its entirety for each student wanting to attend youth events sponsored by He's Alive Church. (Additional forms are available upon request or online at [hesalivechurch.org/students](http://hesalivechurch.org/students)) For any questions, please contact the church office at (704) 781-4920.

I (we) \_\_\_\_\_ and \_\_\_\_\_  
(First and Last Name) (First and Last Name)

do hereby state that I/we am/are the parent(s) or legal guardian(s) of:

\_\_\_\_\_. a minor.  
(Student's Full Legal Name)

age \_\_\_\_\_ born on \_\_\_\_\_, who resides with me/us at  
(Student's Current Age) (Student's Date of Birth)

\_\_\_\_\_, NC, USA \_\_\_\_\_  
(Street Address) (City) (Zip Code)

I/We do hereby give permission for my/our child, \_\_\_\_\_ to attend and participate in all Events sponsored by He's Alive Church, Kannapolis, North Carolina, USA (hereinafter "HAC") from August 1, 2020, thru July 31, 2021. The undersigned does also hereby give permission for this child to ride in any vehicle designated by the Adult Youth Ministry Leaders (as designated by and including Stephen James, Bill Coleman, and Mark Carnes) while participating in any Events.

I/We the undersigned do hereby authorize any of the Adult Youth Ministry Leaders from HAC to consent to any necessary medical treatment including, but not limited to any emergency transportation, x-ray examination, anesthetic, medical, surgical, or dental treatment, and hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above mentioned child. Should it be necessary for my/our child to return home due to medical reasons, I/we will assume all transportation costs. I/We understand that this authorization is to be used only if I/we cannot be reached. I/We understand that this consent is to allow emergency treatment to be initiated without delay, and that the Adult Youth Ministry Leaders and/or emergency personnel will continue efforts to contact me/us.

I/We agree that during any youth Events, the Adult Youth Ministry Leaders shall have full control and authority over my/our child. I/We understand that my/our child shall not bring any weapons (knife, gun, etc.), explosive devices, alcohol, tobacco products, or illegal drugs on said Events. Likewise, I/we understand that any inappropriate and/or disruptive behavior including but not limited to fighting, inappropriate sexual behavior, use of alcohol, tobacco, or illegal drugs, or the possession of a weapon or any explosive device, will result in my/our child being sent home immediately at my/our cost. The rules shall apply throughout the entire duration of any said Events. I/We understand that my/our child is responsible for his or her actions, and I/we will assume full responsibility if these rules are broken. If circumstances warrant, my/our child may be returned home prior to the end of any Event, and I/we will assume all transportation costs, and no refund will be issued for the Event.

In the event that any possible misconduct by the above named child would necessitate the involvement of any law enforcement agency, I/we understand and agree that any Event hosted by, HAC, or the Adult Youth Ministry Leaders or staff of HAC shall not be liable for the actions of the above named child, nor shall they have any responsibility to resolve any legal obligations involving the injuries, circumstances, or events associated with the participation in said Events. Should it be necessary for my/our child to be returned home prior to the end of any Events, I/we will assume all transportation costs, and no refund will be issued for the event.

The undersigned is/are fully aware of the risks and other hazards inherent in different Events and voluntarily assumes all the risks of physical injury, illness, loss, or death. In case of accident, illness or unforeseen emergency, I/we will not hold liable or responsible the Adult Youth Ministry Leaders, staff of HAC, other team members, Event and/or travel hosts, or HAC. I/We understand that none of the above assumes any liability for personal harm, illness, loss of property or damage to property that may occur. I hereby absolve all of the above and hold them harmless from any claim or demand that I/we or my/our heirs personal representatives or assigns might conceivably assert for any such harm, loss, or damage. I/We intend to be legally bound by this statement.

I/We understand that this consent will be valid for the duration of the entire calendar year of August 1, 2020, thru July 31, 2021.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)