

Release and Registration Form

Event: _____

Event Date: _____

Full legal name of Student _____

Age _____ **Sex** M F **Birthdate** _____

Parent or Legal Guardian's Full Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone () _____ **Cell ()** _____

Emergency Contact: _____ **Cell ()** _____

Parent grants his permission for Child to attend the event noted above and acknowledge that RHEMA Bible Church youth workers will be the temporary custodians of the Child during the enter event.

Parent grants his/her permission for Child to be transported to and from the event, participate in bowling, movie, inflatable games, skating, basketball and all other activities at this event. Parents releases and agrees to indemnify RHEMA Bible Church, and Kenneth Hagin Ministries, Inc., and their agents, officers, directors, employees, and volunteers (collectively referred to as "Rhema") from all liability for any harm to Child or Child's property, resulting directly or indirectly from Child's participation in skating, basketball, bowling, inflatable games, and other activities. Parent, individually and on behalf of the Child, personally assumes all risks and liabilities in connection with the child's participation in skating, basketball, bowling, transportation, inflatable games, and all other activities.

Parent authorizes Rhema personnel to consent on Parent's behalf to any medical attention which they deem required by Child, and Parent assumes all liability for medical bills, claims for pain and suffering, civil damages, or any other liability resulting directly or indirectly from the medical attention. Parent understands and agrees that his/her consent is given in advance of any specific diagnosis or treatment. Further, this consent is given to encourage the physician, dentist, or surgeon, and those persons who have temporary custody of the minor, to exercise his/her best judgment as to such diagnosis or medical, dental, or surgical treatment.

MEDICAL INFORMATION

1. Family Medical Insurance Carrier _____
Policy # _____

2. List any disease, physical or mental limitation or medical conditions (asthma, seizures, diabetes) _____

3. Presently taking any prescription or non-prescription medications? Yes No
If yes, please list all and the dosage _____

4. Are there any other conditions or limitations we should be aware of? Yes No
If yes, please explain _____

5. Allergies (food, medication, insects or other) Yes No
If yes, please list all and the dosage _____

6. Upon request can your child have: Tylenol _____ **Advil** _____ **None** _____

Signature of Parent or Legal Guardian:

Date: _____

Signature of Witness:

Date: _____