

MEDICAL RELEASE & RULES OF CONDUCT FORM

STUDENT NAME _____ BIRTHDAY _____ SEX M F

STUDENT EMAIL _____ GRADE _____

STUDENT PHONE _____ CARRIER _____
(so we can communicate via text/SMS)

PARENT/GUARDIAN _____ PHONE _____ CARRIER _____

PARENT EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SECOND PARENT _____ PHONE _____ CARRIER _____

SECOND PARENT EMAIL _____

ALTERNATE EMERGENCY CONTACT _____ PHONE _____

MEDICAL INSURANCE CARRIER _____ POLICY/GROUP # _____

POLICY HOLDER _____ PHYSICIAN _____ PHONE _____

CHRONIC/RECURRING MEDICAL CONDITIONS _____

ALLERGIES _____

DIETARY RESTRICTIONS _____

CURRENT MEDICATIONS (list all prescriptions) _____

BLOOD TYPE (if known) _____ SWIMMING ABILITY Beginner Intermediate Advanced**ANY OTHER INFORMATION YOU FEEL LEADERS SHOULD KNOW**
_____**RULES OF CONDUCT**

Respect for: one another, staff and adult leaders; property; schedule and compliance with event schedule

No fighting, weapons, fireworks, explosives

No alcohol, illicit drugs (including marijuana), tobacco, e-cigarettes or vaping paraphernalia

No offensive or immodest clothing, including swimwear (one-piece only)

No boys in girls' sleeping quarters: no girls in boys' sleeping quarters

Participation and compliance with the group is expected

Failure to comply with the Rules of Conduct may result in student being sent home at parent/guardian expense.**MY STUDENT HAS PERMISSION TO ATTEND AND PARTICIPATE IN ALL CHURCH-SPONSORED ACTIVITIES.**

PARENT/GUARDIAN SIGNATURE* _____ DATE _____

STUDENT SIGNATURE* _____ DATE _____

By typing our names, we acknowledge the information provided is accurate and we agree to the Rules of Conduct.*CONTINUED ON BACK SIDE**

WAIVER & RELEASE FROM LIABILITY

I/We acknowledge that my child's participation is voluntary and may require involvement in activities that require traveling or physical exertion. I acknowledge that my child's participation in any Buffalo Covenant Church activity presents risks that my child may suffer property damage, bodily injury, or death.

Therefore, in consideration of my child being allowed to participate in Buffalo Covenant Church activities, I/We agree to the following:

Buffalo Covenant Church is not responsible for the loss or theft of personal belongings.

Misconduct may result in transportation home from an activity at parent/guardian expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

I understand and authorize that my student's image may be photographed or filmed and used in video presentations, printed publications, the church website and social media including Facebook and Instagram.

I hereby take the following action for my student, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Buffalo Covenant Church activities, the following person, or entities: Buffalo Covenant Church, its pastors, elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Buffalo Covenant Church, Buffalo Covenant Church staff or volunteers and C) I indemnify (agree to compensate) and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions.

I/We hereby assume the risks of my child's participation in Buffalo Covenant Church activities.

The undersigned parent/natural guardian or legal guardian of _____ (***student name - please print***) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempt to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Buffalo Covenant Church representative to provide the needed emergency treatment to the student prior to his/her admission to a medical facility.

I hereby agree to all the above Buffalo Covenant Church Waiver and Release From Liability conditions.

PARENT/GUARDIAN SIGNATURE* _____ Date _____

**By typing my name, I agree to the above waiver and release from liability conditions.*