



L I F E B R I D G E

YOUTH

LAST NAME _____

Sport/Team Name _____

MEDICAL RELEASE for Events through DECEMBER 2019

In case of an emergency, I hereby give permission for my child, _____ (full name) to be treated by a physician or hospital selected by any of the adult sponsors of LifeBridge Christian Church activities.

In consideration of me being allowed to participate in activities sponsored by LifeBridge Christian Church, I do hereby release, forever discharge, and agree to defend, indemnify and hold harmless LifeBridge Christian Church in Longmont and its employees, officers, directors, trustees, members, agents, elders, staff, trip sponsors, vehicle owners, and vehicle drivers from and all liability, claims, suits or demands for personal injury, sickness, or death, emotional injury of any kind, as well as property damage and expenses, of any nature whatsoever which may be incurred by participating in an activity sponsored by LifeBridge Christian Church. I accept full personal financial responsibility for any loss or injury suffered by me including but not limited to any medical or hospital treatment rendered to me.

I understand that many of the activities will be physical in nature, may include travel and I hereby assume all risk of personal injury, sickness, death, emotional injury of any kind, damage, loss, and expenses as a result of participation in all activities involved therein.

I further agree to allow LifeBridge Christian Church to use photographs and video recordings to be used in promotional materials and products related to the church and its ministries free of charge.

I further hereby agree to defend, hold harmless and indemnify LifeBridge Christian Church, its elders, employees, officers, directors, trustees, members, staff, and agents, (including trip sponsors and vehicle owners) for any liability, loss, or damage sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I hereby grant my permission to be taken to a doctor or hospital and hereby authorize medical treatment, including, but not in limitation to, emergency surgery or medical treatment, and I assume the responsibility and agree to pay all medical bills including hospital, doctor, ambulance, etc., if any.

If a dispute over this agreement or any claim for damages arises, I agree to resolve this matter through a mutually acceptable alternative dispute resolution process. If LifeBridge Christian Church and I cannot agree upon such a process, I agree to arbitrate the matter at the Judicial Arbitrator's Group in Denver, Colorado.

X _____ Authorized Signature of Parent/Guardian	_____ Date
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Name of Child _____

Birth Date (Month/Day/Year) _____ Grade _____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Email _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Home Church: _____

EMERGENCY CONTACT (in case you cannot be reached):

Name _____ Phone _____ Email _____

Primary Care Physician _____ Phone _____

MEDICAL INFORMATION:

Is your child taking medication (prescription/over the counter)? Please indicate: _____

Is your child allergic to any medicine? Please indicate: _____

List any other allergies (explain): _____

List medical conditions: _____

List surgeries your child has had: _____