LBCC MINOR RELEASE FORM **LAST NAME** _____

MEDICAL RELEASE for Events January 2019-December 2019

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

In consideration of my child being allowed to participate in activities sponsored by LifeBridge Christian Church, I (we), do for myself (ourselves) and for and on behalf of my child-participant, 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 any and all liability, claims, suits, or demands for personal injury, sickness, or death, emotional injuries of any kind, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in an activity sponsored by LifeBridge Christian Church. I (we) accept full personal financial responsibility for any loss or injury suffered by my child-participant including but not limited to any medical or hospital treatment rendered to child-participant.

I (we)understand that many of the activities will be physical in nature, may include travel and, I (we), and on behalf of my (our) child-participant, hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in all activities involved therein.

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

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

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not in limitation to, emergency surgery or medical treatment, and I (we) assume the responsibility of all medical bills, if any.

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

X_____ _____
Authorized Signature of Parent/Guardian Date

Name of Child _____
Birth Date (Month/Day/Year) _____ Grade _____ Male _____ Female _____
Home Address _____
City _____ State _____ Zip _____ Home Phone _____
Father's Name _____ Work Phone_____ Cell _____
Mother's Name _____ Work Phone _____ Cell _____

Emergency Contact (in case you cannot be reached):

Name _____Phone _____Cell_____ 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: _____
Insurance Information:

1. Bill sent to ☐ your insurance company or ☐ directly to you.
2. Name of the person responsible for the bill: _____
3. Name of the Health Insurance Company and mailing address:_____
   _____
4. If insurance is through an employer, please list the name and address of the employer:
   _____
5. Whose name is the insurance in? _____
6. Policy number for health insurance policy, if any:_____

Office Use: LS: _____ LK: _____ SIM: _____ Other: _____