

Please print:

Child's Name: _____ Age: _____ Circle Gender: M or F

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

General Release Hold Harmless Agreement

The undersigned or a member of the immediate family of the undersigned desires to participate in various programs, events, or activities operated or sponsored by the Bethesda Christian Institute.

The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that the undersigned or a member of the immediate family of the undersigned may incur personal injury or bodily damage while participating in such activities.

The undersigned or a member of the immediate family of the undersigned further understands and acknowledges that the Church (Bethesda Christian Institute) will not allow the undersigned or a member of the immediate family of the undersigned to participate in such activities without releasing and holding harmless the Church (Bethesda Christian Institute).

Further, the undersigned or a member of the immediate family of the undersigned requests that the Church (Bethesda Christian Institute) activities in consideration thereof agree to hereby release, and forever discharge the Church (Bethesda Christian Institute), their officers, and their directors, and their employees, their agents, and any parties volunteering on behalf of the Church (Bethesda Christian Institute) from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to any activity of the Church (Bethesda Christian Institute) in which the undersigned participates.

The undersigned or a member of the immediate family of the undersigned further acknowledges that this is a full and complete release for all injuries and damages which the undersigned or a member of the immediate family of the undersigned may sustain as a result of the undersigned's or a member of the immediate family of the undersigned's participating in any Church (Bethesda Christian Institute) program.

Print Name: _____ Relation to Participant: _____

(Participant's legal guardian if participant is under 18 years)

Signature: _____ Date: _____

Medical Release

Please Print:

I, _____ being the legal guardian of _____, give my permission for him/her to go on field trip/activities under the direction of Bethesda Christian Institute.

The undersigned, being a parent and/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, of undue discomfort if delayed, while said minor is participating in the above event(s), including transportation to and from the event site. This authority is granted only after a reasonable attempt has been made to contact me (the undersigned legal guardian).

Specific medical allergies, chronic illness or other conditions: _____

Food allergies: _____

Signature: _____ Date: _____