

**Release FORM
Vineyard 2011**

Complete this form for each individual

DISCIPLINE, LIABILITY, AND MEDICAL RELEASE FORM
(Please copy this form for your records and bring them to the Retreat)

Please print clearly

Name _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Birthday / / _____ Year of HS Graduation _____

Name of Parent/Legal Guardian _____

Attending with

(Name of Church)

(City/State)

(Group Leader's Name)

Health Insurance Company _____ Policy # _____

List Known Allergies _____

List medications presently taken _____

List any illness or conditions we should be aware of _____

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Vineyard Community of Churches Event. The child identified on this form understands that all students are expected to abide by the Event and Host rules and be directly responsible to the Event Director. The Vineyard Event Director assumes responsibility for discipline at the event, and if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless the Vineyard Community Churches, and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with VCC events. I also release the host of properties on which the event is held.

Further, I do authorize the leader/sponsor of this event or any VCC director, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I am familiar with the mode of transportation and the drivers to and from this event.

Further, I give VCC permission to use photos and video taken at this event in promotional materials.

Further, I do certify that said child is covered by accident insurance. My consent and signature is given below. I have read and agree to the information in this entire form.

X

(Signature of Parent or Legal Guardian)

(Date)

Person to notify in event you cannot be reached:

Name _____ Relationship _____ Phone _____

This form must be presented at registration for anyone attending VCC Events.
(Sorry, NO EXCEPTIONS)
VCC CANNOT ALLOW ANYONE TO ATTEND WITHOUT THIS FORM