



2017 Medical Release Form

Legacy Student Ministry

8801 Mid-Cities Blvd.
North Richland Hills, Texas 76182
(817) 485-6749

Student's Name _____ Birthdate _____

Parents' Names _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Insurance Co. _____

Policy # _____

Group # _____

Medical Conditions/Allergies

Emergency Contact _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

In consideration of the Legacy Church of Christ permitting _____ to participate in any Legacy Student Ministry youth activity, we hereby give permission and consent for _____ to participate in such activity, including participation in all travel pertaining to such activity, and we further hereby agree as follows:

1.) We hereby give Addison Weaver & James Buce (Student Ministers), or their designees, the authority to obtain medical attention for our above named child.

2.) We understand and agree that this activity is elective, and therefore, because our child has chosen to participate in this activity, we (the parents/guardians) hereby accept the responsibility for payment of all medical bills, including, but not limited to, charges for ambulances, doctors, hospitals and drugs which our child may incur by reason of participation in such activity.

3.) We hereby waive any claims of action against the Legacy Church of Christ, its officers, board members, agents, employees, members and servants, are released and forever acquitted from all and any claims of liability to us or our child, or both, for injuries sustained by our child because of such participation. We further hereby agree to hold harmless and to indemnify said Church, its officers, board members, agents, employees, members and servants, of and from any and all actions, causes of action, claims, liabilities, costs and expenses, including attorney fees, on account of, or in any way growing out of injuries sustained by our child because of such participation.

Date: _____, 2017

(Parent/Guardian Signature)

(Student Signature)

*Photography Disclaimer:

I acknowledge that my child's photograph, digital image, or video may be taken and used while attending a Legacy Student Ministry event or activity. I understand that these images may be used in news releases and/or publications for the Legacy Church of Christ. These materials might include printed or electronic publications, websites, or other electronic communications. I further understand that his/her name and identity may be revealed in text or commentary in connection with the image. By signing this form I am authorizing the use of these image without compensation to our family.