

## Release, Acknowledgement and Assumption of Risk

I hereby acknowledge that I have allowed my child to participate in the Chapel Hills Church sponsored \_\_\_\_\_ . I understand that this will include many indoor/outdoor programs and games.

I understand that these activities, whether outdoors or indoors, all involve a certain amount of risk and dangers, which I am cognizant of and **willing to assume full responsibility for.**

I acknowledge the risk of my child participating in the above stated activities and understand the risk of injury, including loss of control, collisions with other participants, trees, rocks, and other man made or natural obstacles, whether they are obvious or not obvious. Injuries may include but not be limited to: falls, breaks, scrapes, rope burns, fatigue etc.....

I acknowledge the physical nature of participating in the above programs and activities and state that my child is physically fit and fully capable to meet the physical demands of the above activities and programs that I have enrolled him/her to participate in.

I agree to indemnify and hold harmless Chapel Hills Church's agents, employees and volunteers from any and all claims, damages, losses, injuries and expenses arising from or resulting from participation in these activities.

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Legal Guardian

### Emergency and Insurance Information

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
SS# \_\_\_\_\_

### Emergency Contact Person

Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number(\_\_\_\_\_) \_\_\_\_\_ Work Number(\_\_\_\_\_) \_\_\_\_\_

### Alternate Contact Person

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number(\_\_\_\_\_) \_\_\_\_\_ Work Number(\_\_\_\_\_) \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of insurance company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Who is the policy holder? \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
City/State \_\_\_\_\_  
Physician's phone number(\_\_\_\_\_) \_\_\_\_\_

## Health History Form

Please answer the following questions:

Health History (Check and give the approximate date)

<u>General</u>	<u>Allergies</u>	<u>Diseases</u>
Ear Infection _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsions _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
	Other (name) _____	Asthma _____

If any of the above items are checked, please give details (i.e., include normal treatment of allergic reactions)

---

---

---

---

Pre-Existing or present medical conditions: \_\_\_\_\_

---

Name and dosage of any medications that must be taken: \_\_\_\_\_

---

Date of last Tetanus Booster \_\_\_\_\_

Serious injuries to date (detail) \_\_\_\_\_

Serious operations to date (detail) \_\_\_\_\_

Chronic or recurring illnesses (detail) \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Any restricted activities \_\_\_\_\_

Important: Please notify Graham Prouty if your child has been exposed to any communicable disease during the three weeks prior to the activity.

Suggestions from parents \_\_\_\_\_

---

This health history is correct so far as I know, and the person herein named has permission to engage in all activities unless specified under "Restricted Activities." I testify that my child is of good physical and mental health and is capable of participating in the activities. If medical treatment is necessary, I hereby give permission to Jennifer Bell, or a Chapel Hills Church volunteer, to secure proper medical treatment, which may include, but not be limited to, hospitalization, surgery, ordering of injection, anesthesia, for the person named on the front of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_