

Clackamas Bible Church Student Ministries

**ALL-YEAR PARTICIPATION  
PERMISSION & MEDICAL RELEASE FORM**

September 2020– August 2021

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_ Grade \_\_\_\_ School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Student Email \_\_\_\_\_

*Parent/s (Guardian/s) Name/s*

Mother \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Email \_\_\_\_\_

Health Ins Co \_\_\_\_\_ Policy # \_\_\_\_\_

Health plan phone # (in case of emergency) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Medical Allergies/Problems/Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We the undersigned parents/guardians of \_\_\_\_\_ grant permission for our child/children to participate in the various activities, or any other event sponsored or attended by CLACKAMAS BIBLE CHURCH. We as parents/guardians have been advised of the nature and extent of the activities that may take place and represent to you that the child/children are physically and mentally able to participate in those activities.

We, as parents/guardians, understand that this activity, as in any activity for children, does present the risk of injury, or even death, to the child/children, rare as they may be, and we have advised the child/children of those possibilities. We represent to CLACKAMAS BIBLE CHURCH that we and the child/children assume the risk of any such injury or death, and hold CLACKAMAS BIBLE CHURCH, its agents, employees, and representatives harmless from any liability of any other person or entity arising as a result of the conduct of the child/children in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If we, as parents/guardians are not personally present at these activities in which the child/children is/are to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and wellbeing of the child/children.

We, as parents/guardians, hereby grant permission to CLACKAMAS BIBLE CHURCH the right to use, reproduce, and/or distribute photographs, videos, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of CLACKAMAS BIBLE CHURCH.

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

\_\_\_\_\_  
Date Signed