

The Line Registration & Release Form

Participant Name _____

Street Address _____

City _____ State _____ Zip _____

Grade _____ Date of Birth _____ / _____ / _____

Home Phone Number () _____

Email Address _____

Health Insurance Provider _____

Policy Number _____

Known Medical Conditions/Allergies _____

Medications Currently Taking _____

Emergency Contact #1 Name _____

Phone Number () _____ Relationship _____

Emergency Contact #2 Name _____

Phone Number () _____ Relationship _____

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this The Branch Student Ministry event. The individual identified on this form understands that all participants are expected to abide by the rules and be directly responsible to the student ministers and adult sponsors. The student ministers assume responsibility for discipline at the event and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless The Branch Student Ministry, the student ministers, and the adult sponsors 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 The Branch Student Ministry events. I also release the lessor/owner of properties on which the event is held. I agree to pay for any damages or property loss as determined by The Branch Student Ministry or the lessor/owner of the property.

Further, I do authorize the student ministers and adult sponsors of the event, if I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while 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 authorize The Branch Student Ministry to use photographs and video footage of the participant for promotional materials.

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

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____