

**VCFI Event Medical Release Form**

\_\_\_\_ Student    \_\_\_\_ Leader    \_\_\_\_ Parent

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Emergency Phone: ( \_\_\_\_ ) \_\_\_\_\_

Are you part of a group attending this VCFI event: \_\_\_\_ YES    \_\_\_\_ NO

Church Name: \_\_\_\_\_

Youth Leader's Name: \_\_\_\_\_

**Medical Information and Medical Liability Release:**

- 1.) List any diseases, physical and/or mental limitations: \_\_\_\_\_
- 2.) Medications currently taking and purpose: \_\_\_\_\_
- 3.) Allergies (Food, Medical, Insects, etc.): \_\_\_\_\_
- 4.) Restricted activities: \_\_\_\_\_
- 5.) Family Physician: \_\_\_\_\_ Physician's Phone: ( \_\_\_\_ ) \_\_\_\_\_
- 6.) Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_
- 7.) Preferred Medical Facility/Hospital: \_\_\_\_\_

In consideration for being accepted by \_\_\_\_\_ (parent or guardian) for participation in Victory Christian Fellowship International's (VCFI) event/activity, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Victory Christian Fellowship International and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participation in above described trip or activity. Furthermore we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant our (my) participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation or emergency surgery or medical treatment, an assume the responsibility of all medical bills. Further, should it be necessary for participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

This registration is confirmation that you have read and accept this policy. This form must be completely filled out to quality for acceptance onto the VCFI campus.

Signature of Parent/Guardian/Adult Participant \_\_\_\_\_ Date: \_\_\_\_\_