

Church on the Rock • **Vacation Bible School** • June 6- June 10, 2022

**LIABILITY RELEASE AND MEDICAL CONSENT FORM**

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,  
(hereinafter my child) hereby acknowledge that it is my desire and for my child to participate in church sponsored activities at CHURCH ON THE ROCK NEW IBERIA INC, including activities on and/or away from the CHURCH ON THE ROCK NEW IBERIA INC premises as well as transportation to and from such activities by transportation by volunteer in volunteer transportation. I AM and MY CHILD are VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me and my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge CHURCH ON THE ROCK NEW IBERIA INC, its officers, employees, agents and members of the Board of Directors from all actions, claims or demands I and my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents, Board of Directors, before or during my and my child's participation in such CHURCH-sponsored activities on and/or away from the CHURCH premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND I AM SIGNING IT OF MY OWN FREE WILL. This Liability Release Form shall remain effective until revoked in writing and delivered to any officer, employee, or agent of CHURCH ON THE ROCK NEW IBERIA INC.

Student's Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Parent or Guardian)**

**HEALTH HISTORY**

\_\_\_ Diabetics                      \_\_\_ Sleep Disturbances                      \_\_\_ Appliances (retainers, contact lenses)

\_\_\_ Mental Disability                      \_\_\_ Chronic Asthma                      \_\_\_ Vision/Hearing Impairment

\_\_\_ Seizure Disorder                      \_\_\_ Motion Sickness                      \_\_\_ Emotional/Behavioral Disability

\_\_\_ Nervous Disorder                      \_\_\_ Epilepsy                      \_\_\_ Physical Disability

\_\_\_ Cardiac                      \_\_\_ Other: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

If you have checked any of the above, please give details: \_\_\_\_\_

Allergies: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

This health history is correct, to the best of my knowledge. I hereby give my permission to the physician, nurse, or dentist selected by CHURCH ON THE ROCK NEW IBERIA INC to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. (Use back of form for any explanations).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Parent or Guardian)**