

# Consent Form – Medical Treatment

New Life Church of Central Michigan  
7989 E. Broomfield Rd., Mount Pleasant, MI 48858  
September 1, 2017 to August 31, 2018

In consideration for being accepted by **NEW LIFE CHURCH** for participation in activities sponsored by the **NEW LIFE CHURCH**, we (I) being 18 years of age or older, do for our selves (myself) (and for and on behalf of my child-participant is said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **NEW LIFE CHURCH**, its directors, employees, and agents 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 participating with the above said organization.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense 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, and use any photographs and/or video(s) of our (my) child for any promotional means.

The undersigned further herby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in all above said church activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any except as may be covered by insurance.

Notwithstanding any other clause herein to the contrary, if any injury or damage is covered under a policy of insurance held by the church, this consent and release shall not act in anyway whatsoever to absolve said insurance company nor to limit or restrict recovery under said policy.

Further, should it be necessary for the participant to return home due to medical reasons, violation of the **NEW LIFE CHURCH RULES OF CONDUCT** or otherwise, we (I) hereby assume all transportation cost.

\_\_\_\_\_  
Participant Name (printed)

(Only participant need sign if 18 years of age or older. If under 18 years, both parents must sign unless separated, divorced, or deceased in which case the custodial parent must sign.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
Home phone/parent cell phone

Hospital Insurance \_\_\_\_\_Yes \_\_\_\_\_No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Emergency Phone Numbers

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

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

\_\_\_\_\_  
Participant, if age 18

Medications (Prescription and/or over the counter):

\_\_\_\_\_  
Food or Medication allergies"