



**THE FELLOWSHIP** | MT. JULIET  
TWO RIVERS

Participation & Medical Release Form 2018  
Expires Dec. 31, 2018

**Student Information**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Parental Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Alt phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Insurance Information**

Insurance Co: \_\_\_\_\_ Group # \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insured's name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check All that apply and explain conditions below.

- |                                    |                                  |                                     |                                    |
|------------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart   | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney    |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Stomach | <input type="checkbox"/> Asthma     | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Dietary | <input type="checkbox"/> None       |                                    |

Explain: \_\_\_\_\_  
\_\_\_\_\_

Other conditions: \_\_\_\_\_  
\_\_\_\_\_

Tetanus Immunization Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information**

If a parent cannot be reached in the event of an emergency, please notify:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alt phone: \_\_\_\_\_

**Photography Consent**

I understand that The Fellowship utilizes photographers / videographers to regularly record / capture audio and visual using devices owned and operated by representatives of The Fellowship. In consideration for allowing my child to participate in all events sponsored by the church, I/we consent to my child's image being used by The Fellowship and it's participating entities and employees for presentations, publications, and promotions in print and/or on the Fellowship website to be used in any lawful manner.

# Permission and Release / Indemnity

## Permission

The undersigned hereby verify the information given in this form is complete and accurate.

The undersigned hereby give the above-mentioned child permission to participate in and be transported in association with sanctioned event elements sponsored by The Fellowship Mt Juliet, TN and The Fellowship Two Rivers, Nashville, TN during the 2018 calendar year and thereafter until an updated form is submitted by the undersigned.

The undersigned understand that this form/permission applies to any and all activities/events sponsored by The Fellowship during the 2018 calendar year.

The undersigned understand that in the case of an emergency The Fellowship agents, employees, representatives, volunteers, and/or sponsors will make every effort to contact first the parent/guardian and secondarily, the Emergency Contact named in this form. Should, however, the undersigned and/or Emergency Contact be unavailable for contact for decisions regarding treatment or care for my child, the undersigned do hereby grant permission for The Fellowship agents, employees, representatives, volunteers, and/or sponsors to obtain the best possible course of medical attention for the above-mentioned child.

Should the undersigned and/or Emergency Contact be unavailable for contact for decisions regarding treatment or care for my child, the undersigned do hereby grant permission to an attending physician and/or hospital/clinic to perform the essential best possible treatment deemed necessary by The Fellowship agents, employees, representatives, volunteers, and/or sponsors for the above-mentioned child.

## Permission

In consideration for The Fellowship allowing my above-mentioned child to participate in events sanctioned by The Fellowship, the undersigned agrees as follows:

I/we expressly release and discharge The Fellowship, its agents, employees, representatives, volunteers, and/or sponsors, jointly and severally, of and from any and all claims for damage, loss, or injury that I/we may have arising out of any injury, provoked or otherwise, which results from any negligent or purportedly negligent act and/or omission by The Fellowship, its agents, employees, representatives, volunteers, and/or sponsors to the above-mentioned child in connection with any activity in which the above-mentioned child. With the exception that this release shall not apply to that portion of any loss that: (1) is covered by a policy of valid and collectible insurance of The Fellowship, its agents, employees, representatives, volunteers, and/or sponsors against such loss and (2) is equal to or less than the liability limits of insurance policy. In the event of such an insurable loss, it is the express intention of I/we, the undersigned, to release the amount of any claim I/we may have in excess of the liability limits of the policy under which coverage is provided to The Fellowship.

I/we further agree to indemnify and hold harmless The Fellowship, its agents, employees, representatives, volunteers, and/or sponsors from and against any and all loss including attorney fees and expenses that may arise from any claims for damages which may at any time be asserted by or on behalf of the above-mentioned child against The Fellowship, its agents, employees, representatives, volunteers, and/or sponsors as a result of negligent or purportedly negligent act and/or omission committed by The Fellowship, its agents, employees, representatives, volunteers, and/or sponsors which is in any way related to the activity in which my child participates, provided, however, this indemnity and hold harmless shall not apply to any claim of loss asserted by or on behalf of my child: 1) to the extent that The Fellowship has in effect at the time of loss a policy of valid and collectible insurance that covers the loss; 2) to the extent that the policy of insurance provides a defense to The Fellowship brought against it; and 3) to the extent that any recovery to which the policy is applicable is less than the liability limits of the policy. It is our express intent that in the event of an insured loss and a claim and/or claims is/are brought by or on behalf of my child, this indemnity and hold harmless shall apply only to those damages or losses sustained by The Fellowship that exceed the liability limits of the policy of insurance.

I/we further agree that any dispute, claim, issue, or disagreement arising out of the validity or binding nature of the agreement or relating to said events, retreats or trips, which can not be otherwise resolved shall be submitted to binding arbitration not affiliated with AAA.

Both parents or guardians need to sign before a notary except in the case of sole legal custody.

\_\_\_\_\_  
Father or legal guardian Date

\_\_\_\_\_  
Mother or legal guardian Date

## Notary

STATE OF TENNESSEE

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_ and

\_\_\_\_\_ appeared before me and executed this document for the purpose therein contained. Witness my hand and official seal.

\_\_\_\_\_  
Notary Signature Date

My commission expires on: \_\_\_\_\_.