



**Stonecrest Community Church**  
**Youth and Family**  
**Release and No Harm Form**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Event(s) All Youth Ministry Activities, Retreats, and Mission Trips for one year from January 1, 2020 through December 31, 2020

Emergency Contact Name: 1. \_\_\_\_\_ Phone# \_\_\_\_\_  
2. \_\_\_\_\_ Phone# \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND RELEASE**

I, \_\_\_\_\_, acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks inherent in the activity listed above including the risk of serious bodily injury. I believe and represent that I am (or the participant named above, if minor is) healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless, Stonecrest, and its employees, agents, volunteers and/or officers from any liability arising from participation in the activity listed above. It is further acknowledged that any Stonecrest activity may involve transportation in a personal vehicle, a van or a bus.

The terms of this release form shall be construed as the entire agreement and may not be alter, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the State of New Jersey.

**Participation or Parent/Guardian Initials** \_\_\_\_\_

I/we the undersigned, (if minor, parents/guardian) hereby grant permission and authority to Stonecrest Community Church, its officers and authorized employees, agents or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Stonecrest Community Church, its employees, agents, volunteers and/or officers and hold harmless from liability for any injury or damage sustained while participating in the activity listed above or participating in any activity sponsored by Stonecrest Community Church and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

**GRANT OF PERMISSION**

**Participant or Parent/Guardian Initials** \_\_\_\_\_

**IMAGE/INTERVIEW RELEASE**

In connection with participation in the above listed event/activity, I/we the undersigned, (if minor, parents/guardian) hereby grant to Stonecrest Community Church, its successors and those acting under its authority the right to use participant's name, image and/or interviews in all forms of media including advertising and related promotion. /we grant this right without compensation and release Stonecrest Community Church. Its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

**Participant or Parent/Guardian Initials** \_\_\_\_\_

### HEALTH INSURANCE

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is active as of the activity listed above.

**Participant of Parent/Guardian Initials** \_\_\_\_\_

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above does not have health insurance. I/we understand that we will personally assume all financial responsibility in the event of an injury, disability or death that is associated with participation in the activity listed above and will indemnify and hold harmless Stonecrest Community Church as acknowledged above.

**Participant or Parent/Guardian Initials** \_\_\_\_\_

### PARENT AND STUDENT AGREEMENT

We (parent/guardian and student) understand that inappropriate behavior towards another student, adult leader, private party, church property, vehicles, the property or persons of places we may visit during an event, will result in disciplinary action to be determined by the leadership of the Youth Ministry. In the event of property damage, the student and parent agree to reimburse all damages caused by the student. Should it be necessary for my student to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

**Participant Initials** \_\_\_\_\_ **Parent/Guardian Initials** \_\_\_\_\_

### MEDICAL INFORMATION

**Date of last tetanus shot** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Allergies:**

\_\_\_\_\_

#### Prescription Medications:

Name of Medications

Condition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A note about medication: If your student is taking prescription medication with them on any Stonecrest Community Church activity or retreat, we would like to know what medication they are on and what it is taken for. Any overnight retreat will also have a medical station at registration to help facilitate this process. Our staff will keep a record of that information for the duration of the activity which will be kept confidential. Our team will be there to ensure they are taking their medication properly and to assist them, if needed.

### INSURANCE INFORMATION

Name of Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

### SIGNATURE

If under the age of 18, the parent or guardian must read and initial each section above and sign below, indicating his/her acceptance. This agreement covers all Youth and Children's Ministry Activities, Retreats, and Missions trips for one year from the date signed below.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_