

# HARVEST CHRISTIAN ACADEMY STUDENT MEDICAL/LIABILITY RELEASE 2017/2018

Name (last): \_\_\_\_\_ (first) \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
What church do you attend: \_\_\_\_\_

Does student have any of the following:

Heart trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Lung trouble \_\_\_\_\_ Skin trouble \_\_\_\_\_

Ear trouble \_\_\_\_\_ Asthma \_\_\_\_\_ Sinus infection \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_ List all medications & dosage: \_\_\_\_\_

All medication student is presently taking, including over the counter, must be in original bottle from pharmacy indicating dosage, intervals and student's name.

**\*\*Please make sure all medication is turned in to designated personnel upon arrival!!**



Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*As Parent/Guardian, I hereby authorize and request any hospital emergency staffed physician to administer any procedure which in their judgment may be necessary. I also give permission to the **First Aid Person** to release pre-prescribed medication and non-prescribed medication such as aspirin.*

The Harvest Church has adopted an infectious disease policy, a copy may be obtained by contacting the Church Office. In general, rules of common sense hygiene are urged...such as regular washing of hands, no exchange of razors, toothbrushes, etc.

Name of Parent/Guardian: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Family Medical Insurance Co: \_\_\_\_\_

Ins. Address: \_\_\_\_\_ Medical Policy #: \_\_\_\_\_

**The family's individual policy is primary coverage with the sending church's policy as secondary.**

**I understand that my involvement in Harvest Church/Harvest Christian Academy is a privilege. In consideration of this privilege, I am signing this release/consent form.**

#### **DISCIPLINE/PROPERTY DAMAGE:**

I understand that the Harvest Church and its affiliates make rules and guidelines that my child will abide by while attending. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her. In addition, I will pay for any damage that is done to the church, school, or to personal property belonging to another individual.

#### **PHOTO RELEASE/PERMISSION TO USE PICTURES FOR PROMOTIONAL PURPOSES:**

The undersigned parent(s) or legal guardian(s), of my child, in consideration of the benefits of the child participating in the activities of the Harvest Church/Harvest Christian Academy, hereby grants to Harvest Church/Harvest Christian Academy the right to photograph said child, and to use said photographs, regardless of the form thereof, which may include but not necessarily be limited to still format, digital format still or digital format video, to promote Harvest Church ministries. It is understood and agreed that the photographic images taken by Harvest Church/Harvest Christian Academy for promotional purposes may be used in various forms, including but not necessarily limited to printed forms, transmission via internet, television or otherwise. The permission herein granted shall continue in effect unless revoked in writing.

#### **ASSUMPTION OF RISK:**

I understand that I may participate in any number of activities, some which include, but not limited to field sports, obstacle course activities, swimming, off-campus community projects, PE activities, basketball and other games. I understand that there are certain risks of physical injury involved with all such activities some of which I may not presently be aware.

I understand by signing this release form, I am assuming such risks that are both known and unknown to me at this time. I further release the Harvest Church of the Assemblies of God, its trustees, employees, rental facilities, including its trustees, employees and agents from any claim that I may have against them as a result of my child's physical injury or illness during my child's participation in the school activities. This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives or assigns may present against the Harvest Church of the Assemblies of God, employees, rental facilities, including its trustees, employees and agents. A claim may be based upon the sole and exclusive negligence of the Assemblies of God. I further agree to defend, indemnify and hold the Harvest Church of the Assemblies of God, employees, rental facilities, including its trustees, employees and agents, harmless from liability resulting from my child's participation in school activities, including reasonable attorney's fees.

I understand and acknowledge the physical nature of Harvest Christian Academy activities. I understand that participation in these activities requires a certain level of physical fitness and abilities. By signing this release, I assure that my child is physically fit and able to participate in all school activities.

This release shall be effective and binding upon the Harvest Church of the Assemblies of God and upon me. I have read this release and understand its terms. I subsequently represent that I, the legal parent/guardian, have signed this form in authorization of these terms.

**I acknowledge that by signing this document, I am agreeing to release the Harvest Church of the Assemblies of God and rental facilities, including its trustees, employees, and agents from liability. I have been advised to read this document carefully before signing. I have thoroughly read the contents of this release and agree to the terms stated in each area including disciplinary procedures, property damage, medical policies, emergency procedures, and release of liability. The information I have completed is accurate to the best of my knowledge.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (Required) DATE

\_\_\_\_\_  
HARVEST SR PASTOR SIGNATURE (Required) DATE