

**((( ))) arundelchristianchurch**  
**Annual Discipline, Liability & Medical Release Form**  
**Sept 2016 – Aug 2017**

Child's Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Parents/Legal Guardians \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies and Reactions \_\_\_\_\_

Medications Currently Taking \_\_\_\_\_

Person to notify if you cannot be reached:

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

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I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in all Arundel Christian Church activity/programs between September 1, 2016 and August 31, 2017. I understand that all students are expected to follow the activity/program rules and be directly responsible to the Ministry Leadership Team (both paid and volunteer staff). This team, if necessary due to improper behavior, reserves the right to ask a student to leave. If such actions are taken, I will assume full responsibility in returning the student home from an event.

I do release the leaser of properties on which the program is held. I agree to pay for damages to Arundel Christian Church or leaser facilities as determined by Arundel Christian Church or facility officials. I also understand that neither Arundel Christian Church nor leaser will accept any liability or responsibility for property of the above named which is damaged or stolen during the activity/program. I, or my child, have been advised that any electronics or other valuables are brought at our own risk.

I do allow Arundel Christian Church to use photographs and video footage shot at the activity/program of the student named above for promotional materials.

In the event of any and all potential issues including but not limited to accident, sudden illness, or medical emergency involving my child, I hereby authorize staff members and volunteers of Arundel Christian Church as adult persons into whose care the minor has been entrusted, to use their best judgment in the matter and hereby do consent to release my child into their care for the authorization of any medical treatment and/or hospital care as deemed necessary by a licensed physician. It is understood that I will assume financial responsibility for any fees obtained from medical treatment. I do certify that my child is covered by proper insurance.

I recognize that my child will have the opportunity to travel with the church, and grant my permission for my child to be included in their travels. I do not hold the church, church leaders, or church participants liable for unforeseen accidents to my child.

Additionally, I give full permission for my child to ride in vehicles, including but not limited to personal vehicles and church bus/van, driven by approved leaders, staff, and affiliates over the age of 25 years.

My consent and signature is given below. I have read and agree to the information provided in this form.

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Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Legal Guardian \_\_\_\_\_