

## Harvest Students Event Participation Form June 2011 – May 2012

I/We give Consent for \_\_\_\_\_ (name of minor) to attend any Harvest Student's events being sponsored by Harvest Bible Chapel from the month of June 1, 2011 through May 31, 2012.

In the event that he or she is injured while under the care of the Harvest Bible Chapel and its' representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the Harvest Bible Chapel and its' representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release the Harvest Bible Chapel and its' representatives from any liability due to accident or injury incurred by my child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All students and family members attending Harvest Students events hosted by Harvest Bible Chapel give consent that any images or likenesses of students or family members may be used for promotional purposes or in promotional materials for Harvest Bible Chapel or its ministries.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent or guardians immediately in the event of injury or other emergency!

Name of Parent or Guardian \_\_\_\_\_

Grade of Minor \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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

Phone: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

Cell (     ) \_\_\_\_\_

Parent email \_\_\_\_\_

School \_\_\_\_\_

Emergency Contact if parents can't be reached \_\_\_\_\_

Emergency Contact Phone: (     ) \_\_\_\_\_

Special Medications or Medication Allergies \_\_\_\_\_

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### Health Insurance Information

Name of Insurance company: \_\_\_\_\_ Phone : (     ) \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone (     ) \_\_\_\_\_