

MEDICAL & PROMOTIONAL RELEASE
(For Group Trips Sponsored by Cape Christian Fellowship)
January 1, 2016 through December 31, 2016

Name of Youth Participant_____

Full Address_____ City_____ State_____ Zip Code_____

Date of Birth_____ HomePhone_____

Name of Parent/Guardian_____ Work Phone_____

Emergency contact person_____ Phone_____

(other than parent / guardian)

Email Address_____

Name of Insurance Company_____ Policy # _____

Physician Name_____ Phone # _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information_____

I understand that, in the event medical treatment is required, every effort will be made to contact the Parent/Guardian or the Emergency contact person. However, if the above adults cannot be reached, I give my permission to Cape Christian Fellowship or an adult spencer to secure the services of a licensed Physician to provide the care necessary, including anesthesia for my child's well-being.

Signed_____ Date_____

(parent or legal guardian)

I hereby consent to the use of any videotape, photographs or any other visual or audio reproduction in which my child may appear by Cape Christian Fellowship. I understand that these materials are being used for the promotion of the ministry, which may include recruitment and fund-raising efforts.

I release Cape Christian Fellowship from any liability connected with the use of my child's picture or voice recording.

Signed_____ Date_____

(parent or legal guardian)