

**STUDENT MINISTRIES WAIVER AND RELEASE FORM**  
Effective: July 1, 2010 – June 30, 2011

Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_ Sex: M or F  
Home Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**In Case of Emergency notify:**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
List any allergy, medication or special care need: \_\_\_\_\_

**Activity Authorization and Release**

I give my child, \_\_\_\_\_, permission to take part in the activities that are being sponsored by Westwood Church, St. Cloud, MN, during the dates from July 1, 2010 – June 30, 2011. I request that the church allow my child to participate in the activities and, in consideration of this, I agree to release and forever discharge the church, its officers, employees and volunteers, from all actions, causes of action, injuries, claims, damages, ransom demands, cost or expenses of any kind, growing out of or related to any such activities in which my child participates. I understand that this is a full and complete release of all injuries and damages which I or my child may sustain as a result of his/her participation in any of the activities, regardless of the specific cause.

I authorize the church officers, employees and volunteers to inspect my child's belongings to ensure that he/she has not brought any prohibited or illegal items. I understand that if my child misbehaves or violates rules, I may be contacted to pick him/her up from the activity.

I authorize Westwood Church and its representatives to use my child's likeness in photographs/videos in any and all of its publications and media. I will make no monetary or other claims against the church or its representatives for the use of such photos/video.

I acknowledge and agree that I have given my consent for my child to remain in the custody of the church's representative while participating in the activities.

Initial here

**Medical Treatment Authorization and Power of Attorney**

In the event that my child suffers any injury or condition during his/her participation in the activities, including transportation to and from the activities, which may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint the officers, employees or volunteers of Westwood Church as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for my child concerning his/her personal care, medical treatment, hospitalization and health care. I do hereby authorize and consent to any diagnostic examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any licensed medical staff member as may be deemed necessary by the medical professional.

This power of attorney and delegation of authority shall terminate when the church agent is first able to contact me or other legal guardian of my child.

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**The undersigned agrees to the above initialed sections and this agreement is binding on my heirs, successors and personal representatives.**

\_\_\_\_\_  
Print full name Parent/Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date