

RELEASE OF LIABILITY / CONSENT FORM FOR Fall 2016 THROUGH SPRING 2017 SESSIONS

I, _____, hereby acknowledge that I have voluntarily decided to participate in DRAMA Ministry's Fall 2016 and Spring 2017 Sessions. As consideration for being permitted by DRAMA Ministry to participate in these activities, I hereby agree that I, my parents, guardians, representatives and assigns will not make a claim against DRAMA Ministry or any of its affiliated organizations, employees or representatives, for injury or damage to my person or caused, by an employee, agent, representative or contractor of DRAMA Ministry or its affiliated, as a result of my participation in any DRAMA Ministry activities. These activities include but are not limited to weekly practices, transportation and participation in regular outreach events, community service and social gatherings. In addition, I hereby release and discharge DRAMA Ministry and its affiliated organizations, employees, agents and representatives from all claims, actions or demands I, my parents, guardians, representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN DRAMA MINISTRY AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURE OF STUDENT:

SIGNATURE OF STUDENT: _____ **DATED:** _____

APPROVED: _____ **DATED:** _____

APPROVED: _____ **DATED:** _____

(must be signed by both parents/legal guardians)
PRINT NAME (as it appears on their passport):

I, _____, AND I, _____, PARENT OR GUARDIAN OF
_____, AGREE TO ALLOW MY CHILD TO PARTICIPATE IN THE TRIP OF DRAMA

MINISTRY. I UNDESTAND THAT THIS INCLUDES PERMISSION FOR THEM TO TRAVEL ACROSS

STATE AND NATIONAL BORDERS.

affix notary seal here:

FATHER'S SIGNATURE: _____

MOTHER'S SIGNATURE: _____

DATE: _____

AUTHORIZATION FOR TREATMENT

The following is a legal document that will authorize any treatment necessary during The Fall 2016 and Spring 2017 sessions with *DRAMA Ministry*. Please read this very carefully, sign in the appropriate places and make sure that parents or guardians sign for all minors.

I, or (we) the undersigned parent(s) or legal guardians of, _____, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act; or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from this state's Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the underwritten prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

_____/_____/_____

Date Student's Signature for Medical Release

_____/_____/_____

Date Father's Signature for Medical Release

_____/_____/_____

Date Mother's Signature for Medical Release

(Must be signed by both parents/legal guardians if under 18)

Telephone numbers of parents/guardians, or significant party in case of emergency:

Father: _____ Home: ____/____/____ - _____ Work: ____/____/____ - _____

Mother: _____ Home: ____/____/____ - _____ Work: ____/____/____ - _____

Guardian: _____ Home: ____/____/____ - _____ Work: ____/____/____ - _____

Other: _____ Relationship: _____ Phone: ____/____/____ - _____

Family Doctor's Name: _____ Phone: ____/____/____ - _____

Does your child have any allergies or medication needs? If yes, please explain.

VERIFICATION OF INSURANCE COVERAGE

DRAMA Ministry cannot be responsible for payment of any medical costs (personal or accidental) that you may incur while participating in these sessions, so please complete the following section with the appropriate information if it is available. DRAMA Ministry does have travel insurance for the trip, but concerns beyond that would require your personal insurance information.

Name: _____

Social Security #: _____

Insurance Company: _____

Policy or group #: _____

Exp. Date: ____/____/____

I have read the above information and I understand that DRAMA Ministry is not responsible for my medical expenses and that I am encouraged to supply my own medical insurance for this event of DRAMA Ministry.

_____/_____/_____
Student's Signature Date

_____/_____/_____
Father's signature Date

_____/_____/_____
Mother's signature Date

(MUST be signed by both parents/legal guardians if under 18)