



### Engage Student Ministries Waiver and Emergency Contact

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Insurance Policy \_\_\_\_\_ Policy # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

I, the undersigned, am the parent/guardian of the above named child/children and agree in taking advantage of this program to release and hold harmless Philadelphia Christian Center Assembly of God its pastors, officers, trustees, deacons, employees, and volunteers as well as any institution or personal family whose property my child is traveling to and from under my knowledge (hereinafter referred to as "releasees") from any and all claims, demands, suits, costs and charges, in connection with or arising out of this program including but not limited to, bodily harm or injury, loss of property, illness or death whether caused by the negligence of the releasees or otherwise.

I further authorize the releasees to administer, or cause to be administered at my sole cost and expense, medical treatment and/or medication to the above named child/children in the event of a medical emergency. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the releasees to arrange for transportation to a medical facility at my sole expense.

In the event that my child needs to be sent home due to illness or other reasons, I agree to make travel arrangements at my sole expense.

\_\_\_\_\_

Activity Name

\_\_\_\_\_

Activity Date

**The undersigned hereby acknowledges having read, and fully understands, the within Waiver of Liability. The undersigned further acknowledges having signed the within Waiver of Liability freely and voluntarily, without coercion or duress. The undersigned understands that his/her child will not be permitted to participate in this activity without his/her agreement to these conditions. The undersigned intends his/her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

\_\_\_\_\_

Name of Parent/Guardian (Please Print Legibly)

\_\_\_\_\_

Signature