

# SMASH Medical Release Form

Description of Activity: \_\_\_\_\_ Date and Place of Activity: \_\_\_\_\_

*Please print in blue or black ink, to be completed by participant or authorized guardian*

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST                      FIRST                      MIDDLE

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Second Parent \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- 1. Describe your child's swimming ability:       good swimmer       fair swimmer       non-swimmer
- 2. Does your child have allergies to  
 pollens       medications       food       insect bites       other

If you checked any boxes, please provide details: \_\_\_\_\_

- 3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma       epilepsy / seizure disorder       heart trouble       diabetes  
 frequently upset stomach       physical handicap

4. Date of last tetanus shot: \_\_\_\_\_

- 5. Does your child wear       glasses       contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

**(Wait, there's more on the back!)**

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**For your information, there are our rules of conduct expected from each student:**

Alcohol, drugs, or tobacco are not permitted	No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing	No boys in girls' sleeping quarters and vice versa
Participation with the group is expected	Respect property
Respect one another, staff, and adult leaders	Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

\_\_\_\_\_ Velocity Church is not responsible for the loss or theft of personal belongings.  
Initial \_\_\_\_\_

\_\_\_\_\_ I understand and authorize that my child may be photographed during participation and filed or used in  
Initial \_\_\_\_\_ video presentations, printed publications, photo directories and church/student social media.

\_\_\_\_\_ I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen,  
Initial \_\_\_\_\_ Benadryl/Diphenhydramine and over the counter antacids as needed.

\_\_\_\_\_ This consent form gives permission to Velocity Church by and through it's employees to seek  
Initial \_\_\_\_\_ whatever medical attention is deemed necessary, and releases the Church and it's staff of any liability against personal losses of named child.

\_\_\_\_\_ I acknowledge that participation in the activity described above involves risk to the Participant (and to  
Initial \_\_\_\_\_ Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, personal disability, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts known or unknown risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to herein after as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I the undersigned, do hereby release, forever discharge and agree to hold harmless Love Cleveland, it's Board of Trustees, Officers, Employees, and Activity Sponsors from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participants while involved in the Activity.

LIABILITY RELEASE: I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in the Activity. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in the Activity therein. The undersigned further hereby agrees to hold harmless and indemnify Love Cleveland for, from, and against any liability sustained as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant and/or ALL parent/guardians if participant is a minor)*