



Christ Community Church

An Evangelical Free Church

5293 S. Lindbergh Blvd - St. Louis MO - 63126 - 314.843.4600

YOUTH MINISTRY MEDICAL RELEASE FORM

Each Student participant must have his/her parent/guardian sign the Medical Release Form. Each adult participant must sign the Medical Release Form.

Please Print Clearly:

Participant _____ Parent/Guardian _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Who to contact in case of an emergency: Name _____ Number _____

Participant's Medical Information:

Policy Holder _____ Insurance _____ Policy # _____

Please indicate which of the following describes you (check all that apply):

Male Female High School Student Jr. High Student Group Leader Adult Chaperone/Sponsor

Event: _____

“Having been made aware of the activities the participant will be doing, I hereby consent to the participant’s participation in the Christ Community Church Youth Ministry Event. I voluntarily release and forever discharge Christ Community Church (CCC) from any and all liability, claims, actions or rights of action which are in any way related to the participant’s participation in the consented event. I agree to indemnify and hold CCC harmless from any and all costs or damages, including attorney’s fees, incurred in connection with the participant’s participation in the event’s activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against CCC arising from the participant’s participation in the event’s activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor participants. However, if parents or guardians cannot be reached, or if I, the below signed participant am 18 years of age or older, I hereby give CCC permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the participant’s health, safety and welfare. I release CCC from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the participant’s participation in conference activities.”

Circle the one that applies: Parent or Guardian Participant over age 18

Signature: _____ Date _____

If you are a Parent or Guardian of a participant who is under 18 years of age, please print your name below:

_____ Day Phone _____ Other Number _____