

LIFE BLOOD

— Y O U T H — M I N I S T R Y —

2010 Student Participation Release Form

Student Information:

Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____

Home Phone: _____ Mobile Phone: _____

Student Email: _____

Insurance Co: _____ Policy #: _____

Emergency Contacts

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Parental Release:

I, _____, being the parent of the student listed above, do hereby give him/her permission to participate in any event (whether in state or out of state) sponsored by Skyway Church and supervised by our adult leaders in the calendar year of 2010. I hereby release Skyway Church of the West Valley, its agents, employees, and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by my son/daughter during the course of his/her travel with Skyway Church in the calendar year of 2010.

Medical Release:

I do further give my consent for the director or properly appointed staff member of Skyway Church to insure the administration of medical treatment or medication for my child in the case of emergency, and operations as in the opinion of the attending physician is deemed necessary for my child.

NOTE: Please list any existing health conditions, medications currently being taken, or medications that should not be given to your son/daughter on the back of this form.

Media Agreement:

I understand that while my son/daughter participates in any even sponsored by Skyway Church, that these events are being filmed, photographed and recorded; and I release Skyway Church to use their name, voice and/or likeness and film/video or photographs taken of them for the purpose of webcasting, production, distribution and/or advertising throughout the world by any means whatsoever.

Disciplinary Agreement:

I understand that while my son/daughter participates in any even sponsored by Skyway Church, he/she is responsible to abide by the rules set forth by the organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct could result in their dismissal from the program. In the event they were dismissed I, the undersigned, agree to assume the cost of returning him/her home, and to forfeit any refund. I understand that such action would only be taken under extreme circumstances.

PARENT'S SIGNATURE: _____ Date: _____

STUDENT'S SIGNATURE: _____ Date: _____