Medical Insurance & Emergency Contact Information

(Must be completed by all participants)

Name: _____
Address: _____
Date of Birth: _____
Emergency Contact: _____
Relationship to Participant: _____
Day & Evening Phones: _____
Student Email Address: _____
Insurance Company: _____
Policy Number: _____

Authorization for Medical Treatment: In case of illness or injury, any duly licensed physician is hereby authorized to provide appropriate and necessary medical treatment for me/my/our child named above, and any hospital emergency department and/or any member of the hospital medical staff requested by such physician is authorized to make such examinations and render such medical and/or surgical treatment deemed necessary by them for such child's health and welfare. If my insurance company requires hospital admission certification, the telephone number is _____

Behavior Contract

(Must be completed by all participants)

I have read the Behavior Contract in the Handbook for the Son Servants trip to Hendersonville, NC, and I understand and agree to abide by the rules and regulations set forth therein.

_____
Signature of Participant

SIDE A **Hendersonville**

General Information

(Must be completed by all participants)

Name _____ Age _____ M F

Church Name & Location _____

Group Leader _____

Medical Evaluation Form

(To be completed by your doctor)

I have examined the above participant and find him/her to be in generally good health and physically able to take part in the Son Servants trip to Hendersonville, NC.

Date of last Tetanus Shot (must be current)_____

Indicate any restrictions you would place on his/her work involvement during this trip: _____
_____

Current Medications (& Dosage) _____

Allergies / Medical Conditions _____

Doctor's name _____ Date _____

Doctor's signature _____

Treatment Notes (for use of medical personnel on the trip):

_____

_____

_____

Permission Form & Release of Liability
(Must be completed by all participants)

I/We give permission for my/our child, _____, to travel to and participate in the 2027 Son Servants trip to Hendersonville, NC (herein "Trip"). In consideration of Son Servants allowing me/my/our child to participate in this 2027 Trip, including the various activities scheduled, I/we agree as follows:

I/We fully understand that (a) indoor and outdoor work and recreational activities have inherent risks, dangers, and hazards and such exists in my/our child's participation with Son Servants in the referenced T rip; (b) My/Our child's participation in such indoor and outdoor activities and/or use of equipment in connection with such activities may result in serious injury or illness including, but not limited to, bodily injury, disease, strains, sprains, fractures, partial and/or total paralysis, death or other ailments that could cause serious injury or temporary or permanent disability; (c) Those risks and dangers may be caused by the negligence of the members, officers, visitors or guests Son Servants, Hendersonville Presbyterian Church, Global Outreach, Hendersonville Food Bank, Hendersonville Social Services, the sending church, chaperones on this Trip, owners, employees, officers or agents of any of these entities, or any other person, entity or group participating in or providing the activities contemplated by the referenced Trip (herein "Released Parties"; (d) Further, those risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes; (e) Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, Trip leader, guide or supervisor decision making, including that such person may misjudge terrain, weather and such other risks, hazards, and dangers that are integral to recreational and work activities that take place in an indoor, outdoor, or recreational environment; and (f) I/We, for myself/ourselves and in behalf of my/our child, hereby assume all risks and dangers and all responsibility for my/our child's injury, losses and or damages, whether caused in whole or in part by the negligence or other conduct of the Released Parties.

I/We specifically understand that I/we am/are releasing, discharging, and waiving any claims or actions that I/we, individually or as parent(s) and guardian(s) of my/our child, may have presently or in the future for the negligent acts or other conduct by Released Parties.

SIDE B

I/We, for myself/ourselves as parent(s) and guardian(s) of my/our child, and for and in behalf of my/our heirs and assigns, including heirs and assigns of my/our child, covenant to indemnify Released Parties, which arise wholly or partially due to the conduct (including negligence or intentional conduct) of my/our child.

I/We hereby represent that I/we have, or my/our child has the experience and is physically and mentally capable to engage in the indoor and outdoor physical work and recreational activities of the Trip, and further represent that my/our child has no limitations to engage in such work or recreational activities, except as set forth as follows:

____ No limitations Initial ____ My/Our child as the following limitations: Initial _____

By signing below, I/we acknowledge the adequacy of consideration and that I/we have read and agree with the foregoing. I/We understand that, but for our agreement to the terms of this Medical Emergency Treatment Authorization and Release of Liability, I or my/our child would not be permitted to participate in this Trip.

By signing below, I/we represent and acknowledge that I/we have read the entirety of this document and understand that I/we am/are executing a release of liability in favor of persons referenced above, and that I/we am/are further authorizing medical care for me or my/our child in the event of sickness, disease, or injury.

(1) _____ (2) _____
Name of participant [or Parent(s) or Guardian(s) if under 18] (Print)

(1) _____ (2) _____
Signature of participant [or Parent(s) or Guardian(s) if under 18]

(1) _____ (2) _____
Relationship(s) to participant

(1) _____ (2) _____
Date signed

Sworn to and subscribed before me this _____ day of _____, 2027.

_____
NOTARY PUBLIC My commission expires: _____

☐ Check here if you <u>do not</u> want your child's image to be used in any Son Servants promotional materials (website, brochures, etc.)

☐ Check here if you wish to be added to the Son Servant mailing list.
Email: _____