

Columbia Grove Covenant Church Student Ministries
Release, Permission Agreement

MEDICAL RELEASE: I hereby authorize the treatment of _____
by a qualified and licensed medical doctor in the event of a medical emergency which in the
opinion of the attending physician, may endanger his/her life, cause disfigurement, physical
impairment, or undue discomfort if delayed, while said youth is participating in a church
program including transportation to and from that program or trip. This authority is granted only
after a reasonable attempt has been made to contact me. *Initial* _____
Please list all medication history allergies _____

TRANSPORTATION RELEASE: I realize that the church insurance begins where the
individual's health and accident policy terminates. It is only valid when other insurance has been
extended to its limits. *Initial* _____
Insurance Company/Policy# _____

PERSONAL BELONGINGS RELEASE: I realize that Columbia Grove Covenant Church is
not responsible for personal belongings and hereby release them from any liability resulting from
the loss or theft of those belongings. *Initial* _____

DISCIPLINE RELEASE: If in the event of repeated misconduct, I authorize the staff to send
my student home at my (parent's) expense. *Initial* _____

GENERAL RELEASE: The undersigned or a member of the immediate family of the
undersigned desires to participate in Columbia Grove Covenant Student Ministries various
programs events, trips (hereinafter collectively referred to as "activities" in and outside of the
U.S.A. operated or sponsored by Columbia Grove Covenant Church (hereinafter referred to as
the "Church"). This release is valid for every activity from the signing of the dated release
forward.

The undersigned or a member of the immediate family of the undersigned realizes that
the undersigned or a member to the immediate family of the undersigned may incur personal
injury or bodily damage while participating in such activities, and acknowledges that the Church,
its officers and its directors, and its employees, its agents and any parties volunteering on behalf
of the Church, shall be held harmless from all actions, claims costs expenses or damages of any
kind growing out of or related to any activity of the Church in which the undersigned or a
member of the immediate family of the undersigned participates. The undersigned releases and
covenants not to sue the above mentioned.

The undersigned or a member of the immediate family of the undersigned further
acknowledges that this is a full and complete release for all injuries and damages which the
undersigned or a member of the immediate family of the undersigned may sustain as a result of
the undersigned or a member of the immediate family of the undersigned's participation in any
church activity.

I _____ being the legal parent/guardian of _____
Participant's parent/legal guardian *Participant's name*

Give my permission for him/her to go, to travel, and to participate in any activity as mentioned
above under the direction of Columbia Grove Covenant Student Ministries.

For Emergency Contact: Name _____ Phone _____
Dated: _____ Signed: _____ (Participant if over 18)