

# Mountain View Student Ministries Parent Consent Form 2014

Name of Student: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

Birthdate : \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text: Y/N

Student Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Parent Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent(s) Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Emergency Contact Name and Number \_\_\_\_\_

(if parents are unavailable)

Insurance Information (Company and Policy #) \_\_\_\_\_

## **General Release and Hold Harmless Agreement**

The undersigned, being the legal guardian of \_\_\_\_\_ give permission for my child to attend and participate fully in MVSM events for the 2014 calendar year. The events will take place at various locations, and may entail transportation to and from Mountain View Church. I understand that these events will include food, games, and transportation. Authorization and permission is hereby given to Mountain View Church to furnish any necessary transportation and food for this participant. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

I, being the legal guardian of participant, hereby give my permission to take said participant to a doctor or hospital and hereby authorize the medical treatment of the participant 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 minor is participating in the above event, including transportation to and from the event site. I will assume responsibility of all medical bills, if any. *This authority is granted only after a reasonable attempt has been made to contact me.*

I understand and acknowledge that the participant may incur personal injury or bodily damage while participating in activities. I also understand that MVSM would not allow the participant to participate in such activity without releasing and holding harmless Mountain View Church.

Further, in consideration of the church allowing my child to participate in the activity, I agree to release, and forever discharge the Church, their officers and directors, their employees and their agents and any individuals volunteering on behalf of the Church from all actions, claims, costs, expenses, or damages of any kind growing out of or related to this activity and the participant.

I further acknowledge that this is a full and complete release for all injuries and damages, which the participant may sustain as a result of his/her participation in this activity.

### **Medical Information**

Please list any allergies, medications, medical information, or chronic illnesses your student may have.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name