

**First Christian Church of Johnson City, TN**  
**Discipline, Liability and Medical Release Form**  
**School/Calendar Year 2010-2011**

**Participant Name:** \_\_\_\_\_  
 Male    Female   Current Grade: \_\_\_\_\_   Birthdate: \_\_\_\_\_  
Home Phone: \_\_\_\_\_   Student Cell Phone: \_\_\_\_\_  
Cell Phone Provider: \_\_\_\_\_   Do you accept text messages? Yes   No  
Student Email: \_\_\_\_\_  
Student Address : \_\_\_\_\_  
City: \_\_\_\_\_   State: \_\_\_\_\_   Zip: \_\_\_\_\_

**Parent's/Legal Guardian's name (with whom you live):**

\_\_\_\_\_  
Parent/Legal Guardian's Cell Phone(s): \_\_\_\_\_  
\_\_\_\_\_  
Parent Email: \_\_\_\_\_

**Emergency Contact if parent/Legal Guardian can't be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Home Church of Participant (if other than FCC): \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

Policy Number: \_\_\_\_\_  
Physician's Name and Telephone: \_\_\_\_\_  
List any known allergies (medication or otherwise): \_\_\_\_\_

Medications currently taking: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*PLEASE ATTACH COPY OF INSURANCE CARD\*\*\*\*\*

In consideration for being accepted by FIRST CHRISTIAN CHURCH of Johnson City, TN for participation in any activities or events sponsored by First Christian Church during the school or calendar year noted in the heading above, I being 18 years of age or older, HEREBY RELEASE, FOREVER DISCHARGE, AGREE NOT TO SUE, AND AGREE TO HOLD HARMLESS FIRST CHRISTIAN CHURCH and its staff, Board, employees or agents thereof, from any and all liability, claims, demands or judgments for personal injury, sickness, death, as well as property damage and any expenses of any nature whatsoever which may be incurred by me and/or my child while participating in any activity or event with First Christian Church of Johnson City, Tennessee during the calendar year above.

By my or my child's participation in any such First Christian Church activity or event during the calendar year indicated above, I acknowledge that the participant (including

my child) has my permission to participate and I agree that this Release shall be valid and binding as to all such activities/events participated in, unless I give a written revocation of such Release to First Christian Church.

Furthermore, I (and on behalf of my child if applicable), hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation, work activities or other activities involved with any such activity/event.

Further, authorization and grant permission to First Christian Church to furnish any necessary transportation, food and lodging for the participant.

Further agree to hold harmless and indemnify First Christian Church, its staff, Board, employees or agents from and for any liability sustained by First Christian Church as the result of the negligent, willful or intentional acts of myself and my child, if applicable, including any expenses incurred attendant thereto.

Further, I agree to pay for any damages or property loss due to participants actions, as determined by First Christian Church.

Further, if because of the participant's disobedience or misconduct it is deemed necessary by First Christian Church to require the participant to leave, I will assume all costs associated with the participant being sent home.

I further authorize First Christian Church to use photographs and video footage of the participant for promotional materials.

**IF THE PARTICIPANT HAS NOT ATTAINED THE AGE OF 18 YEARS:**

I, hereby represent that I am the parent of legal guardian of this participant, and as such and hereby grant my permission for this child to participate fully in any such First Christian Church activity/event during the school or calendar year indicated above, and hereby give my permission to take said participant to a physician or hospital and I hereby expressly authorize and grant to First Christian Church, and its supervising leader of said activity/event, the right and power to authorize any necessary medical treatment for said child, and I expressly assume all responsibility for any medical bills incurred. Further, should it be necessary for the child participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

**I HAVE READ ALL OF THE FOREGOING INFORMATION CONTAINED IN THIS DISCIPLINE, LIABILITY AND MEDICAL RELEASE FORM AND I UNDERSTAND THE RULES OF CONDUCT FOR PARTICIPANTS AND WILL ABIDE BY THEM AS WELL AS THE DIRECTIONS OF THE LEADERSHIP OF THE ACTIVITY/EVENT. I FURTHER UNDERSTAND THAT IF I FAIL TO ABIDE BY SUCH RULES OF CONDUCT, I MAY BE REQUIRED TO BE TRANSPORTED HOME PRIOR TO THE CONCLUSION OF ANY SUCH ACTIVITY/EVENT.**

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

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

Signature of Participant Named Above: \_\_\_\_\_ Date: \_\_\_\_\_