

**Student Event Release and Agreement Form**

> name: \_\_\_\_\_ m \_\_\_ f \_\_\_

> address: \_\_\_\_\_

> city, state, zip: \_\_\_\_\_, \_\_\_\_\_

> home phone: \_\_\_\_\_

> school: \_\_\_\_\_ > grade: \_\_\_\_\_

> birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

> email: \_\_\_\_\_

> parent's/guardian name(s): \_\_\_\_\_

>in case of emergency notify \_\_\_\_\_

>phone \_\_\_\_\_ >relationship \_\_\_\_\_

>clinic \_\_\_\_\_ >city \_\_\_\_\_

>doctor \_\_\_\_\_ >phone \_\_\_\_\_

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>doctor \_\_\_\_\_ >phone \_\_\_\_\_

**+** **media release**

In consideration of Woodland Hills Church's agreement to incorporate visual likenesses, names, voices, audiovisual material and sound recordings in one or more of its communications works (the "Works"), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant Woodland Hills permission to use, adapt, modify, reproduce, distribute, publicly perform and display, in any form now known or later developed, the visual likeness, name, voice, audiovisual material and sound recordings of my child/children (see below) throughout the world, by incorporating them into one or more Works or advertising and promotional materials relating thereto. I release Woodland Hills, its employees and volunteers from any and all claims I may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, reproduction, adaptation, distribution, broadcast, performance or display of the Works. I waive any right to inspect or approve any Works that may be created containing the visual likenesses, names, voices, audiovisual material and sound recordings. I understand and agree that Woodland Hills is and shall be the exclusive owner of all right, title and interest, including copyright, in the Works, and any advertising or promotional materials containing the visual likenesses, names, voices, audiovisual material and sound recordings except as to preexisting rights in any of the photos/pictures released hereunder. I am of full legal age and have read this release and am fully familiar with its contents.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signing for a child, his or her full name: \_\_\_\_\_

**+** **lifestyle agreement**

I agree to exhibit proper behavior, respecting the authority of the Woodland Hills Church Youth Leaders and respecting other people. I also agree to not use illegal substances while at youth activities (i.e. drugs, alcohol, tobacco etc.) I understand that not following these guidelines could prevent my attendance at future youth activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and agree with the above statement and by signing this assure that my child has also read and agreed to the above statement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **+** health history

Allergies  Insect Stings  Drugs  Other Allergies \_\_\_\_\_

### Other Conditions

Diabetes  Hay Fever  Physical Handicap  Heart Condition  
 Frequent Colds  Epilepsy  Chronic Asthma  Frequent Stomach Upsets

If you checked any of the above, give details (i.e., normal treatment of allergic reactions):

Date of last tetanus shot: \_\_\_\_\_

Name & dosages of meds that student takes: \_\_\_\_\_

Any swimming restrictions:  Yes  No

Any activity restrictions:  Yes  No

If yes, what restrictions: \_\_\_\_\_

## **+** insurance info

Our Woodland Hills Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance?  Yes  No

Name of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

"In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the Woodland Hills Church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

## **+** liability release

Every activity sponsored by Woodland Hills Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this Woodland Hills Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Allergies  Insect Stings  Drugs  Other Allergies \_\_\_\_\_

### Other Conditions

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