



## MEDICAL RELEASE FORM

I/We understand all reasonable safety precautions will be taken at all times by The Vertical Student Movement of The Bridge Community Church and its agents during events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of this release form in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold The Bridge Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

### Media Release:

I/We hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named below by The Vertical Student Movement of The Bridge Community Church. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release The Vertical Student Movement of The Bridge Community Church and its agents from all claims, demands, and liabilities whatsoever in connection with the above.

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Parent/Guardian Name (Please Print)

Student Name

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Parent /Guardian Signature

Date

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Address/City/Zip

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(W) Phone #

(H) Phone #

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Health/Med. Ins. Co.

Policy Number

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Social Security Number of Student

Date of Birth

**Please list below or on the back of this form any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.**