



OAKWOOD STUDENT MINISTRY
2011-2012 ANNUAL RELEASE FORM

THIS FORM ALLOWS PARENTS TO FILL IT OUT ONLY ONE TIME A YEAR FOR ALL EVENTS THAT OAKWOOD STUDENT MINISTRY HOSTS BETWEEN APRIL 1ST, 2011 - MARCH 31ST, 2012.

I, THE UNDERSIGNED PARENT OR GUARDIAN, HEREBY CONSENT THAT MY CHILD, (PRINT STUDENT'S NAME)

PLEASE CIRCLE: MALE FEMALE

PLEASE CIRCLE GRADE: 5TH 6TH 7TH 8TH 9TH 10TH 11TH 12TH

MAY PARTICIPATE IN ANY EVENT SPONSORED BY OAKWOOD COMMUNITY CHURCH APRIL 1ST, 2011 - MARCH 31ST, 2012. I CERTIFY THAT MY CHILD IS ABLE TO PARTICIPATE IN ANY EVENT. IF MY CHILD HAS MEDICAL CONDITIONS WHICH MAY BE RELEVANT TO A PHYSICIAN IN THE EVENT OF AN EMERGENCY, I HAVE LISTED THEM BELOW. I HEREBY AUTHORIZE A OAKWOOD AGENT OR EMPLOYEE TO MAKE EMERGENCY MEDICAL DECISIONS FOR MY CHILD.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON ANY ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I DO HEREBY AGREE TO HOLD OAKWOOD COMMUNITY CHURCH AND ITS AGENTS AND EMPLOYEES, HARMLESS FROM ANY LIABILITY, ACTIONS, CAUSES OF ACTIONS, CLAIMS, EXPENSES, AND DAMAGES ON ACCOUNT OF INJURY TO MY CHILD OR PROPERTY, EVEN INJURY RESULTING IN DEATH, WHICH I NOW HAVE OR WHICH ARISE IN THE FUTURE IN CONNECTION WITH THE ACTIVITY OR PARTICIPATION IN ANY OTHER ASSOCIATED ACTIVITIES.

I EXPRESSLY AGREE THAT THIS RELEASE, WAIVER, AND INDEMNITY AGREEMENT IS INTENDED TO BE BROAD AND INCLUSIVE AS PERMITTED BY THE LAW OF THE STATE OF MINNESOTA AND THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT. THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.

OAKWOOD COMMUNITY CHURCH RESERVES THE RIGHT TO PHOTOGRAPH/VIDEO STUDENTS PARTICIPATING IN OAKWOOD - SPONSORED EVENTS AND TO USE THESE PHOTOGRAPHS AND VIDEOS IN CHURCH PUBLICATIONS/VIDEOS AND ON THE WEBSITE.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGALLY BINDING AGREEMENT WHICH I HAVE READ AND UNDERSTAND.

PARENT/ GUARDIAN/ STUDENT 18 OR OLDER

(PRINT) (SIGNATURE) (DATE)

INSURANCE INFORMATION

NAME OF INSURANCE FIRM: PHONE #:

UNDER WHOSE NAME IS YOUR INSURANCE: POLICY #:

EMERGENCY CONTACTS LIST ANY RELEVANT MEDICAL CONDITIONS

HOME #:

WORK #:

CELL #: