

# FIRST ASSEMBLY OF GOD EMERGENCY MEDICAL INFO & AUTHORIZATION

PARTICIPANT NAME	ADDRESS
PARTICIPANT DATE OF BIRTH	EMPLOYER/SCHOOL DISTRICT
FIRST EMERGENCY CONTACT	FIRST EMERGENCY CONTACT PHONE
SECOND EMERGENCY CONTACT	SECOND EMERGENCY CONTACT PHONE
PRIMARY DOCTOR NAME	PRIMARY DOCTOR PHONE
INSURANCE COMPANY NAME	INSURANCE POLICY #
ALLERGIES?    ___YES    ___NO If yes, explain:	ANYTHING IMPORTANT TO NOTE:
HOME CHURCH	EVENT NAME & DATE

Medical Questionnaire- I understand that I will be notified in case of emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of the necessary medical services in the event my child is injured or becomes ill. I understand that First Assembly of God will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian. I agree to notify the church in the event of any health changes which would affect my child's participation in any normal church activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

In the event of an emergency, ***I / or the PARENT of STUDENT NAMED ABOVE***, give permission for him/her to have emergency treatment at any hospital or Emergency Care Center.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: (IF PARTICIPANT UNDER 18) \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.  
NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.**

**PARTICIPANT NAME:**

**ACTIVITY SPONSORED:**

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

**AUTHORIZATION AND RELEASE OF LIABILITY**

This is my authorization for the participation of my child or myself to participate in a FIRST ASSEMBLY OF GOD OF HERMITAGE (herein being referred to as 1AGofH) athletic programs and/or church sponsored activity.

I understand that this Program is a nonprofit Christian sports ministry program/group ministry activity and that mine or my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the 1AGofH, Assemblies of God Ministry and its volunteers and staff, and/or including parents of other participating children.

I further understand and agree that mine or my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child/myself, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the 1AGofH and all of the 1AGofH directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, any and all other persons associated with the 1AGofH (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by me, my child, property damage, medical expenses, and economic loss arising directly or indirectly out of mine or my child's participation and any first aid, medical care or treatment provided to me or my child in the event I or my child is injured or becomes ill while participating in activities, and excepting claims that may not be released under applicable law.

This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the participant; myself or child, that I as parent/guardian, and that other family members may have. I am a legally responsible adult, parent or guardian of the named participant. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the 1AGofH to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, mine or my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the 1AGofH for the sole purpose of advancing 1AGofH programs .

**PARTICIPATION AND SAFETY**

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that mine or my child/myself is healthy and able to participate in the Program activities. I understand that the 1AGofH or its representatives may request health information concerning mine or my child's participation.

**CONSENT TO MEDICAL TREATMENT**

In the event myself or my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above- named child, am not present (or for myself) to make medical decisions, I hereby authorize 1AGofH, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child/myself. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child/myself (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child.

SIGNATURE \_\_\_\_\_