

Christian Church of Broomfield (Please Print)

2010 Student Release Form One student per form.

Name of Student: _____ Date: _____

Mailing Address: _____ City _____ Zip _____

Phone #: _____ Cell # _____ Birthday: _____

School Name: _____ Grade: _____ Age: _____

Student's email: _____ Parent's email: _____

Please list any med. concerns/special needs your child may have (Asthma, Diabetes, allergies, medication, etc.)

Parent/Guardian Name: _____

Day Phone: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Day Phone: _____ Home Phone: _____ Cell Phone: _____

Insurance Company _____ Policy # _____

Physicians Name: _____ phone # _____

Emergency Contact: Name _____ Relationship _____

Emergency Numbers: Cell _____ Home _____

The undersigned does hereby give permission for the above mentioned child to attend, participate and ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in **ALL OR ANY STUDENT MINISTRY ACTIVITIES, SPONSORED BY CHRISTIAN CHURCH OF BROOMFIELD, BETWEEN MAY 1, 2010 AND APRIL 30, 2011.**

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We (I), being 18 years age or older, do for ourselves (myself) (and for and on behalf of my child-participant), do hereby release, forever discharge and agree to hold harmless & indemnify Christian Church of Broomfield and the directors, employees and agents & volunteers, thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in **ALL OR ANY STUDENT MINISTRY ACTIVITIES OR TRIPS BETWEEN MAY 1, 2010 THRU APRIL 30, 2011** for any liability sustained by **CHRISTIAN CHURCH OF BROOMFIELD** as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Signature: _____ Relation to child _____ Date _____

Occasionally we use photos of ministry events that your child may appear in. May we use these photos of your child for promotional purposes? (Our youth website, pamphlets, etc.) Yes ___ No ___

State of Colorado
County of _____

Before me, the undersigned notary public, on this day personally appeared _____,

known to me to be the person whose name is subscribed above, and acknowledged the foregoing instrument.

Given under my hand and seal of office this _____ day of _____, 20____

Notary Public, State of Colorado
My Commission Expires: