

Fired-Up Discipleship Group - Release Form

I hereby grant permission for my minor child to participate in the activities of the Fired-Up Youth Discipleship group. These activities can include, but are not limited to, meetings, parties, formal dinners, retreats, mission trips, and other offsite events. I understand that my child participates in these activities at their own risk and that the leadership of Fired-Up and its adult supervisors are not liable for any injury sustained during these activities.

I also recognize that Fired-Up Youth Discipleship may take photographs and video images of events that include my child. They may use this material in various printed or online publications and I hereby grant permission for such purposes.

In the event of my absence from one of these events, I grant the following medical permissions regarding any accident, injury, sickness, etc. that requires my child be admitted to any hospital or medical facility for diagnosis and treatment. If I cannot be reached after a reasonable effort, I authorize the leadership of Fired-Up Discipleship Group to seek such medical attention and to make decisions on my behalf. I also assume the responsibility for the payment of any such treatment.

This release remains in effect until specifically revoked, or the period of one year from the undersigned date, whichever may come first.

PRINT NAME OF PARENT(S) OR GUARDIAN

DATE

PRINT MINOR CHILD NAME

BIRTH DATE/AGE

HOME ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

PHYSICIAN NAME/CLINIC NAME

CONTACT TELEPHONE

KNOWN ALLERGIES, MEDICATIONS, CHRONIC ILLNESSES, DISABILITIES

INSURANCE CONTACT

POLICY NUMBER

SECONDARY EMERGENCY CONTACT INFO

RELATIONSHIP TO MINOR

SIGNATURE OF PARENT(S) OR GUARDIAN