Christ In Youth Discipline, Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINAL to registration

Event you will be attending:

☐ Know Sweat ☐ Missions Trip ☐ believe ☐ move ☐ SuperStart! ☐ Discipleship
☐ Wilderness ☐ Elevate ☐ On Purpose ☐ Mission Leader Training Trip

Please check which one best describes your attendance:

☐ Sponsor ☐ Student ☐ Youth/Children's Minister

Participant Name_____ ☐ Male ☐ Female

Address _____ City _____ State _____ Zip _____

Participant email _____ Home Phone _____ H.S. Graduation Year _____

Church You are Attending with (missions trip n/a) _____

City/State _____ Group Leader's Name (missions trip n/a)_____

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____Medications Currently Taking _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone _____ Parent(s) email _____

Person to notify if parent/legal guardian cannot be reached:

Name_____ Relationship _____ Phone _____

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all students are expected to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth, Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Christ In Youth and its employees and agents, as well as Southwest Baptist University (SBU) and its agents and employees from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Christ In Youth Programs. I agree to pay for any damages to Christ In Youth or SBU facilities as determined by Christ In Youth or SBU officials, including any keys not returned at the time of group check out. I understand that neither CIY nor SBU will bear any liability or responsibility for property of the above named which is damaged or stolen during the event. I have been advised that participants should not bring electronics or other valuables to this event and if participants choose to do so it is at their own risk.

Further, I do allow Christ In Youth to use photographs and video footage shot at the Program of the individual named above for promotional materials.
Further, I do authorize the minister or sponsor of this activity or any Christ In Youth staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above _____

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____

Several Christian Colleges appreciate receiving the names of young people who attend Christ In Youth programs. If you prefer that the information about the above named individual NOT be passed on to any of these colleges, please check this box. ☐

From time to time, Christ In Youth uses the information above to update parents regarding ministry successes and opportunities. If you prefer to NOT receive these updates, please check this box. ☐