

Activity Permission, Release and Medical Power of Attorney 2010

West Salem Foursquare Church: Youth Ministry

1. I, the lawful parent or guardian of _____ (the "child"/student), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the International Church of the Foursquare Gospel d/b/a West Salem Foursquare Church and its directors, officers, council, agents, representatives, volunteers, and employees ("Church") from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or traveling to or from the activity, or otherwise in Church custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is able to participate in the activity.
2. I agree to instruct my child to cooperate with the Church and its representatives in charge of the activity and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules established by the Church.
3. I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney in fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in Church custody.
 - a. To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child.
 - b. I understand the Church will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
4. My child is to be excluded from the following activities _____ and/or from release to the following persons _____
 (IF LEFT BLANK, NO ACTIVITIES OR PERSONS ARE EXCLUDED.)
5. I agree that the Church may use my child's and/or my own name, voice, portrait, photograph or image for promotional, website, office or any other church related purposes. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recordings, or other likenesses, in combination or alone. I will notify the Church immediately of any change in the information presented and agree it is valid until revoked in writing by me.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

 Parent/s and/or guardian/s name/s (PRINT)

 Signature of parent or guardian (individually and as parent/guardian)

 Date

 Signature of parent or guardian (individually and as parent/guardian)

 Date

 Street Address

 State

 Zip Code

 Parent/s email

 Home phone

 Cell phone

Medical Information: Completed by Parent or Guardian — Please Print

 Child's name

 Birth date

 Medical insurance company

 Policy number

 Allergies

 Medications

****Please finish back side.***

Chronic/other medical conditions (e.g. epilepsy, diabetes, asthma, heart, etc.)

1st Emergency contact (other than parent/s)

1st Emergency phone number

2nd Emergency contact (other than parent/s)

2nd Emergency phone number

Family doctor (if one)

Phone number

Photos: By participating in various activities like this one through the calendar year, I give West Salem Foursquare Church permission to record my child's photograph/video image or voice and grant the church all rights to use any such recordings for educational, promotional, advertising, or other non-commercial purposes that support the mission of the church. I agree that all rights to these recordings belong to West Salem Foursquare Church.

Parent or Guardian Initials: _____

Form valid January 1, 2010 through December 31, 2010.

Please update this information through the year if it changes.