Westwood Student Ministry
2011 – 2012 ANNUAL RELEASE FORM

THIS FORM ALLOWS PARENTS TO COMPLETE ONE FORM A YEAR FOR ALL EVENTS
HOSTED BY WESTWOOD STUDENT MINISTRY BETWEEN JUNE 1, 2011 – MAY 31, 2012

I, THE UNDERSIGNED PARENT OR GUARDIAN, HEREBY CONSENT THAT MY CHILD, _____
(Print student's name)

Please circle: MALE FEMALE

MAY PARTICPATE IN ANY EVENT SPONSORED BY WESTWOOD COMMUNITY CHURCH FROM JUNE 1, 2011 – MAY 31, 2012. I CERTIFY THAT MY CHILD IS ABLE TO PARTICIPATE IN ANY EVENT. IF MY CHILD HAS A MEDICAL CONDITION(S) WHICH MAY BE RELEVANT TO A PHYSICIAN IN THE EVENT OF AN EMERGENCY I HAVE LISTED THEM BELOW. I HEREBY AUTHORIZE WESTWOOD AGENT OR ANY EMPLOYEE TO MAKE EMERGENCY MEDICAL DECISIONS FOR MY CHILD.

PLEASE CIRCLE GRADE:

Xchange	Upper Room	En Route
Grade: 6 7 8	Grade: 9	Grade: 10 11 12

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON ANY ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I DO HEREBY AGREE TO HOLD WESTWOOD COMMUNITY CHURCH AND ITS AGENTS AND EMPLOYEES HARMLESS FROM ANY LIABILITY, ACTIONS, CAUSES OF ACTIONS, CLAIMS, EXPENSES AND DAMAGES ON ACCOUNT OF INJURY TO MY CHILD OR PROPERTY, EVEN INJURY RESULTING IN DEATH, WHICH I NOW HAVE OR WHICH ARISE IN THE FUTURE IN CONNECTION WITH THE ACTIVITY OR PARTICIPATION IN ANY OTHER ASSCOCIATED ACTIVITIES.

I EXPRESSLY AGREE THAT THIS RELEASE, WAIVER, AND INDEMNITY AGREEMENT IS INTENDED TO BE BROAD AND INCLUSIVE AS PERMITTED BY LAW OF THE STATE OF MINNESOTA AND THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT. THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.

WESTWOOD COMMUNITY CHURCH RESERVES THE RIGHT TO PHOTOGRAPH/VIDEO STUDENTS PARTICIPATING IN WESTWOOD SPONSORED EVENTS AND TO USE THESE PHOTOGRAPHS AND VIDEOS IN CHURCH PUBLICATIONS/VIDEOS AND ON THE WEBSITE.

I FURTHER STATE THAT **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT**. THIS IS A LEGALLY BINDING AGREEMENT WHICH I HAVE READ AND UNDERSTAND.

PARENT/GUARDIAN/STUDENT 18 YEARS OR OLDER:

_____ _____ _____
(PRINT NAME) (SIGNATURE) (DATE)

INSURANCE INFORMATION:

NAME OF INSURANCE FIRM: _____ PHONE #:_____

UNDER WHOSE NAME IS YOUR INSURANCE: _____ POLICY #:_____

EMERGENCY CONTACTS:

HOME #:_____

WORK #:_____

CELL #:_____

LIST ANY RELEVANT MEDICAL CONDITIONS: