

FORM A

2010 Parent Permission, Release and Consent: Local Student Events

12Stone™ Church • 1322 Buford Drive • Lawrenceville, GA 30043

This form will remain on file in the 12Stone™ Student Ministry Office and will be used for 2010. Please update us with any changes to any of this information during this calendar year. For participation in local student ministry activities only.

Participant Info:

Student's Name: _____ Sex: Male () Female ()

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth (mm/dd/yyyy): _____ Grade as of January 2010: _____

Parent(s) Name: _____ Parent Cell: _____

Medical & Emergency Contact Info:

Emergency Contact Person: _____

Emergency Contact Phone (Day/ Evening): _____

Medical problems or allergies: _____

Medications taking: _____

Name of Insurance Company: _____

Policy Number: _____ Group/Subscriber Number: _____

Insurance Phone # and/or Claim address: _____

I hereby give my permission for me and/or my child to participate in local activities organized by 12Stone™ Church (referred to hereinafter as "12Stone™"). If this form is for my child, I acknowledge that I am legally responsible for the identified minor (participant) I hereby release, hold harmless and absolve 12Stone™, its officers, directors, employees, staff, sponsors, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and implementation of 12Stone™ local activities individually, and collectively, from and against any and all responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience of any kind suffered or sustained as a result of, or in any way related to, participation in this activity. I understand that if local transportation is needed, only adult drivers with approved driving records will be permitted to drive. I understand that in the event I or my child requires medical treatment while participating in 12Stone™ local activities, reasonable efforts will be made to contact my emergency contacts designated herein above; however, I hereby consent and give my permission to 12Stone™ staff or any adult counselor acting on behalf of 12Stone™ with respect to local student activities, to consent to any x-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the State where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my or my child's medical allergies and medications currently prescribed or being taken, medical problems and other pertinent information (attach additional sheets, if necessary). I hereby release and discharge 12Stone™ (as defined herein above) its officers, employees, staff, sponsors, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and implementation of 12Stone™ local activities individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way related to the use or exercise of the rights granted in this release and consent. I expressly agree that this document is governed by the laws of the State of Georgia and the assumption of risk herein is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legal document and I understand that I have the opportunity to consult with an attorney before signing it. **IF YOU ARE UNDER 18, A PARENT/LEGAL GUARDIAN MUST SIGN THIS DOCUMENT.**

Signature of Parent/Guardian

Date