



RELEASE AND HOLD HARMLESS AGREEMENT-Student Ministries

Participant Name: _____ **Date of Birth:** _____ **Grade:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Home Phone: _____ **Email address:** _____

Event(s): All Student Ministry Activities, Retreats and Missions trips for one year from date signed below.

Emergency Contact Name: 1. _____ **Phone #:** _____

2. _____ **Phone #:** _____

ACKNOWLEDGEMENT OF RISK AND RELEASE

I, _____, acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks inherent in the activity listed above including the risk of serious bodily injury or death. I believe and represent that I am (or the participant named above, if minor, is) healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless, Lancaster County Bible Church ("LCBC"), and its Elders, employees, agents, volunteers and/or officers from any liability arising from participation in the activity listed above. It is further acknowledged that any LCBC activity may involve transportation in a personal vehicle, a van or a bus.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

Participant or Parent/Guardian Initials _____

GRANT OF PERMISSION

I/we the undersigned, (if minor, parents/guardian) hereby grant permission and authority to LCBC, its officers and authorized employees, agents or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain, prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release LCBC, it's Elders, employees, agents, volunteers and/or officers and hold harmless from liability for any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by LCBC and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

Participant or Parent/Guardian Initials _____

IMAGE/INTERVIEW RELEASE

In connection with participation in the above listed event/activity, I/we the undersigned, (if minor, parents/guardian) hereby grant to LCBC, its successors and those acting under its authority the right to use participant's name, image and/or interviews in all forms of media including advertising and related promotion. I/we grant this right without compensation and release LCBC, its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

Participant or Parent/Guardian Initials _____

HEALTH INSURANCE

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is effective as of the date of the activity listed above.

ALL PARTICIPANTS MUST BE COVERED BY HEALTH INSURANCE TO PARTICIPATE IN THE ABOVE LISTED ACTIVITY.

Participant or Parent/Guardian Initials _____

LIFE/DISABILITY INSURANCE

I/we the undersigned (if minor, parents/guardian) hereby confirm that either:

- the participant listed above is covered by a life insurance and a disability insurance policy that is effective as of the date of the activity listed above, **or**
- the participant listed above does not have a life insurance and/or disability insurance policy. I/we understand that we personally will bear the risk of injury, disability or death that is associated with participation in the activity listed above and will indemnify and hold harmless LCBC as acknowledged above.

NOTE: For work trips and short-term missions trips supplemental insurance may be available through LCBC. Please contact Brad Steele at (717) 653-6266 or at bradsteele@lcbcmail.com for additional details.

Participant or Parent/Guardian Initials _____

SIGNATURE

If under the age of 18, the parent or guardian must read and initial each section above and sign below, indicating his/her acceptance. This agreement covers all Student Ministry Activities, Retreats and Missions trips for one year from the date signed below. Please complete the reverse side of this agreement!

Participant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

PARENT AND STUDENT AGREEMENT:

We (parent and student) understand that inappropriate behavior towards another student, adult leader, private party, church property, vehicles, the property or persons of places we may visit during an event, will result in disciplinary action to be determined by the leadership of the Student Ministry. In the event of property damage, the student and parent agree to reimburse all damages caused by the student. Should it be necessary for my student to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

Participant Signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

MEDICAL INFORMATION

Allergies:

Prescription Medications

Name of Medication	Condition
_____	_____
_____	_____
_____	_____
_____	_____

A note about medication. If your student is taking prescription medication with them on any LCBC activity or retreat, we would like to know what medication they are on and what it is taken for. Any overnight retreat will also have a medical station at registration to help facilitate this process. Our staff will keep a record of that information for the duration of the activity which will be kept confidential. We cannot legally hold onto or dispense the medication to your student. We ask that they keep the medication with them and take it as prescribed. Our team will be there to ensure they are taking their medication properly and to assist them, if need be.

Insurance Information:

Name of Insurance Company: _____ Phone #: _____

Insurance Policy #: _____ Group #: _____

Name of Insured: _____ Relationship to student: _____

Doctor's Name: _____ Phone#: _____ :