

COUNTY LINE CHURCH OF GOD MEDICAL RELEASE FORM

The undersigned parents/guardian of _____
hereby consent to Dane Kruse High School Pastor of County Line Church of God and/or any
other adult leader, to authorize medical treatment (including Emergency Medical, EMS,
Physician, Hospital, and the like) of said child.

Understand that Dane Kruse and/or all adult leaders will make reasonable attempts to call
me at the numbers given below in the event of the need of the emergency medical care of said
child. However, I understand that medical emergencies can arise where immediate treatment is
necessary.

Also, the undersigned parent/guardian releases Dane Kruse, all adult leaders, and County
Line Church of God from any liability for injury to the minor child above whether from the
Church's own negligence or the negligence of someone else. I understand that all activities have
some inherent risks. I understand that any physical sport or other physical activity carries with it
the risk of injury and/or death.

This consent and release are in consideration of Dane Kruse, all adult leaders, and County
Line Church of God providing reasonable supervision for the:

(Parent/Guardian) _____

Date: _____

(Parent/Guardian) _____

Date: _____

Street: _____

City, State, Zip: _____

Home Phone: _____

Another Emergency Phone: _____

(If you can, please also attach to this sheet any insurance information that can be used for your student.)

(Please sign reverse side.)

COUNTY LINE CHURCH OF GOD ACTIVITY AGREEMENT

(To be completed by the ministry leader)

Name of sponsoring organization: County Line Church of God
Address: 7716 N. County Line Rd. , Auburn, IN 46706 Telephone: (260) 627-2482
Name of ministry leader: Dane Kruse Telephone: 260-403-5358
Description of activity: _____
Date(s) and location of activity: _____

PARTICIPATION INFORMATION

(To be completed by participant or authorized parent/guardian)

Name of participant: _____
Address: _____ City: _____ State: _____
Telephone: _____
Name of emergency contact: _____
Telephone: _____ Cell #: _____
Name of Back-up emergency contact: _____
Telephone: _____ Cell #: _____
Is participant covered by personal/family medical insurance? Yes No
Policy or group number: _____

PARTICIPATION AGREEMENT

In consideration for the opportunity to participate in the above activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury/or of any incident associated with participation in and transportation to and from the activity. The Participant (or parent/guardian if Participant is a minor) acknowledges that serious injuries up to and including death can occur during any event or activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury/incident sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the ministry leader or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Ministry Leaders") for any injury/incident related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury/incident arises out of the negligence of the Ministry Leaders or otherwise.

The Participant (or parent/guardian if Participant is a minor) give responsibility to the Ministry Leaders for the care of participant and expect to be contacted if there are difficulties with behavior during the event. Should it be necessary to send the participant home, the parent/guardian agree to make arrangements for his/her transportation. I give permission for the participant to be transported by the church's vehicles or private vehicle with a driver 25 years or older. We are familiar with the details of the event/trip and agree with its goals and purpose. The parent/guardian has discussed them with the participant.

If a dispute over this agreement or any claim for the injury/incident arises (which is rare), the Participant (or parent/guardian) agrees to seek to resolve the matter through a peaceful process that glorifies Christ.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)

(Please sign reverse side.)