

## Student Ministry Responsibility Release Form

Grace Community Church, 495 Cardinal Road, Fletcher, NC 28732

September 1, 20 \_\_ - August 31, 20 \_\_

Name of participant:	
Grade:	
Address:	
City, State, Zip Code:	
Phone number:	
E-mail address:	
Social Security number:	
Birth date:	
Date of last tetanus shot:	
List any physical restrictions or medical problems of which we should be aware of:	
Emergency contact name:	
Emergency contact home phone:	
Emergency contact work phone:	
Insurance company:	
Insurance company phone number:	
Insurance policy number:	
Insured's Social Security number:	
Student's physician & physician's phone #:	

**For Parent or Guardian: (signature required)**

*I hereby approve this Responsibility Release Application, certify its correctness, and waive any and/or all claims against Grace Community Church, Fletcher, North Carolina, or any of its boards, committees or representatives because of injury or damage that may be incurred to the applicant or applicant's property in connection with, or incidental to, activities and events sponsored by them. I hereby give consent to emergency medical treatment for my child to be secured by the activity or event sponsor or designated staff members. I understand that I will be notified in the event of an emergency.*

\_\_\_\_\_ Date

**To be completed by a Notary Public:**

North Carolina \_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20 \_\_.