

2025
Minor Medical Release / Permission Form

Last Name: _____ First Name: _____ Gender: _____

Date of Birth: _____ School: _____ Grade: _____

Parents or Guardian: (First + Last) _____ T-Shirt Size _____

Address: _____ City: _____ Zip: _____

Cell: _____

Parent's E-mail Address: 1. _____

Emergency contact other than Parent or Guardian: _____

Relationship to Participant: _____ Phone: _____

Participant's Physician: _____ Office Phone: _____

Please explain any medical conditions, allergies, or special needs in the space provided below:

Health Insurance Company: _____ Insurance Phone Number: _____

Policy Number: _____ Name of Insured: _____

*Copy of Insurance Card provided / attached? Yes _____ No _____

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I, \_\_\_\_\_ (parent or guardian), give permission for my child listed above to participate in outings / activities sponsored by the ministries of Refuge Church Nashville. Should emergency medical treatment be necessary and I am unable to be contacted, I authorize accompanying adult sponsors to act on my behalf and approve medical treatment for my child. I acknowledge that participation in activities involves risk and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/ communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity for my child to participate in the activities, I acknowledge and accept the risks of injury to my child associated with participation in and transportation to and from the activity. I accept personal financial responsibility for any injury or other loss sustained by my child during the activities or during transportation to and from the activity, as well as for any medical treatment rendered to my child that is authorized by Hermitage Hills, its agents, employees, volunteers, or any other representatives (collectively referred to as the "Activity Sponsor"). Further, I release and promise to indemnify, defend, and hold harmless the Activity Sponsor for any injury to my child arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, my child, other participants, or otherwise. I further agree to indemnify and hold harmless the Activity Sponsor for any and all claims brought against the Activity Sponsor by my child or his/her guardians, heirs, successors, assigns, or representatives. I understand that this medical release/permission form is only valid from January 1 through December 31, 2024. \*Should any information change before the expiration date, it is my responsibility to complete an updated form. I give permission for my child's picture/video to be made, seen on social media or used in church print/digital publications. I do not give permission for my child's picture/video to be made, seen on social media or used in church print/digital publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Refuge Church Nashville**