



# The Student Ministries of Westgate Chapel



**When:**

**Time:**

**Cost:**

**Contacts:** Abby Wozniak: 419-841-8077, x257  
Email: awozniak@westgatechapel.org

**IMPORTANT:** You must fill out the section below and have your parent (or legal guardian) initial and sign the Release form (on the reverse side of this flyer). Turn this with your final LIFE balance payment.

Participants Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency contact name and relationship:

\_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Member's Name \_\_\_\_\_



**Required Permission Form**

Emergency Information & Hold Harmless agreement

Participant's Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

**Release Form for Minor**

The undersigned is the parent or legal guardian of the minor named (Minor). The undersigned desires for said Minor to attend and/or participate in ministries, events, programs, functions, and activities (hereinafter referred to as "Activity"), sponsored by, connected with, or related to Westgate Chapel, an Ohio not-for-profit organization (Church). I understand and acknowledge that the Church will not allow the minor to participate in any church activity without releasing and holding the Church harmless from any liability arising out of the Minor's attendance and/or participation in that Activity, including the Minor's transportation to and from the Activity, if provided by the Church. I have or will investigate all risks involved with the Minor's attendance and/or participation in any Activity, and further as the parent or legal guardian of said Minor assume any and all risks of personal or bodily injury to said Minor or property damages associated with said Activity.

By signing this document, on behalf of myself and the Minor, I hereby release and forever discharge the Church, its officers, directors and employees, agents and any parties volunteering on behalf of the Church from all claims, damages, costs or expenses of any kind arising out of or related to the Minor's attendance or participation in any Church Activity, regardless of the specific cause thereof, and I further understand that in the event of such personal or bodily injury to the minor, or property damage, that I cannot seek, on behalf of the Minor or myself, any type of recovery or reimbursement whatsoever from the Church or their officers, directors, employees, agents or any parties volunteering on behalf of the Church.

initial

**Medical Treatment Authorization and Power of Attorney**

In the event the minor suffers injury or condition during his or her participation in the Activities, including Transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or Undo discomfort if medical treatment is delayed, and reasonable attempts to contact me and my spouse have been Unsuccessful, I hereby appoint **Westgate Chapel Staff** as my agent to act for me and in my name (In any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical Treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the Agent is first able to contact me or my spouse.

initial

**Photograph Release**

Regarding photographs taken at the Activity, I give Westgate Chapel permission to do the following for nonprofit Use and without charge: use at the discretion of Westgate Chapel, display at a service or event or be used in a Multimedia presentation, reprinted and distributed for any Westgate Chapel non-profit publication with copyright to accompany photo when Used (for example, in programs, brochures, etc.) or display on the Westgate Chapel website.

initial

**The undersigned agrees to the above Initialed sections and this agreement is binding on my Heirs, Successors and personal Representatives.**

\_\_\_\_\_  
Print Full Name or legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date