

**MEDICAL AND LIABILITY RELEASE FORM**  
**Temple Baptist Church – Student Ministries**  
**1811 E California Street Gainesville, TX 76240 \* 940-665-9789**  
**lostnomoe@sbcglobal.net**

Name of Student \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Home # (\_\_\_\_) \_\_\_\_\_ Parent/s work (\_\_\_\_) \_\_\_\_\_ Cell #'s \_\_\_\_\_  
 Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Medical Insurance Company \_\_\_\_\_ Group or Policy Number \_\_\_\_\_  
 In Emergency, notify \_\_\_\_\_ Phone # \_\_\_\_\_  
 Any Swimming Restrictions: \_\_\_\_\_ Yes \_\_\_\_\_ No Any Activity Restrictions: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 What restrictions? \_\_\_\_\_  
 Anything else we need to know about your son/daughter (allergies, epilepsy, heart condition, etc....)  
 \_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Liability Release**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to an approved representative of Temple Baptist Church.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Behavior Contract**

Our ministry seeks to create an environment of fellowship, activities, and programs that will, while working alongside families, train and educate students toward maturity in Christ. A component of this environment includes certain behavior and cooperation standards that the students are expected to follow. These standards include:

- Following the direction of the staff leadership by showing respect and cooperation.
- Respecting the rights and property of others.
- Abstaining from the use of drugs, alcohol, and tobacco during any church sponsored activity.
- Abstaining from any other activity deemed inappropriate for a church sponsored activity (i.e. public displays of affection and language).

When students choose not to abide by these standards, we will discuss with the student the need to cooperate. Disciplinary responses may be given such as loss of free time and/or separation from the main group. In more serious cases, the parent may be asked to pick up their son/daughter from the activity. In all cases, the discipline will be administered in love and for the benefit of that individual student and for the entire group.

\_\_\_\_\_  
*I have read the above statements of discipline policy and will abide by them.*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

