



# FISHHAWK

FELLOWSHIP CHURCH

## STUDENT MINISTRY EVENT RELEASE FORM MEDICAL/LIABILITY RELEASE AND GENERAL RELEASE FORM

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF FISHHAWK FELLOWSHIP CHURCH AND ITS EMPLOYEES AND VOLUNTEERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FISHHAWK FELLOWSHIP CHURCH OR ANY OF ITS EMPLOYEES, AGENTS OR VOLUNTEERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FISHHAWK FELLOWSHIP CHURCH HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

1. Pursuant to the provision of Florida law, I the undersigned, legal guardian of \_\_\_\_\_, a minor, do hereby authorize, as agents, the adult supervisors of the student ministry department of the FishHawk Fellowship Church of Lithia, Florida, to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care, which physician may, in the exercise of his/her best judgment, deem advisable, based upon such circumstances as exist, including but not limited to any emergency.
2. I hereby authorize that the FishHawk Fellowship Church, adult supervisors or volunteers who have training as Emergency Medical Technicians or Registered or Licensed Nurses to perform care upon my child in accordance with the level of training they have received as deemed necessary by them.
3. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to any adult supervisor or agent of FishHawk Fellowship Church upon completion of treatment. This authorization is given pursuant to Florida law.
4. **On behalf of myself as parent and guardian and on behalf of my minor child, I hereby release FishHawk Fellowship Church of Lithia, Florida and its' agents and employees (both paid and volunteer staff) from liability in case of accident or injury even if resulting from the negligence of an agent or employee of FishHawk Fellowship Church.**
5. I hereby request FishHawk Fellowship Church to carry out discipline determined to be necessary for my child as deemed appropriate under the circumstances and I release FishHawk Fellowship Church and its agents and employees from claims or for damages and from any liability for any such discipline. I also agree to pay the expenses of my child's trip home because of disciplinary action should such an action be deemed appropriate by FishHawk Fellowship Church.
6. These authorizations shall remain effective until revoked in writing and delivered to said agent with the understanding that participation in the requested activity may take place only with a fully executed form in the possession of FishHawk Fellowship Church.
7. I for myself and my minor child hereby authorize the use by publication, display or public use of my or my child's photograph or any likeness in advertising, promotion or reporting of events of FishHawk Fellowship Church or any activity in which FishHawk Fellowship Church is associated and I hereby waive and release any and all rights and claims for damages I and/or my minor child may have against FishHawk Fellowship Church or against its agents, employees, volunteers and contractors from any and all claims, damages or actions of any nature whatsoever, including pursuant to Chapter 540, Florida Statutes, as a result of such use or display.

**PLEASE COMPLETE ALL INFORMATION ON THE REVERSE SIDE  
OF THIS FORM !**

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Student's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FORM MUST BE SIGNED IN PRESENCE OF NOTARY WITH PROPER IDENTIFICATION  
 PARENT/GUARDIAN AND NOTARY SIGNATURES**

## MEDICAL INFORMATION

**(Please check and specify any past history or condition below on this form)**

\_\_\_\_ Allergies (please list below) \_\_\_\_ Asthma \_\_\_\_ Diabetes \_\_\_\_ Heart Condition \_\_\_\_ Hypoglycemia  
 \_\_\_\_ Epilepsy or other nervous disorders \_\_\_\_ Bleeding Disorder \_\_\_\_ Other (list below) \_\_\_\_ Date of last Tetanus Shot

List all medications the child is taking: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Ph \_\_\_\_\_ Relationship \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Ph \_\_\_\_\_ Relationship \_\_\_\_\_  
 Medical Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_  
 Family (Student's) Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Notarized Signature

\_\_\_\_ Date: \_\_\_\_\_  
 Circle one: PARENT LEGAL GUARDIAN PERSON HAVING CUSTODY (describe) \_\_\_\_\_

Sworn to and ascribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who is known to me personally or who provided me with a Florida Driver's License \_\_\_\_\_, as identification and who is known to be the person completing this Medical Release Form.

\_\_\_\_ My Commission Expires: \_\_\_\_\_  
 Notary Public, State of Florida

### Notarized Signature

\_\_\_\_ Date: \_\_\_\_\_  
 Circle one: PARENT LEGAL GUARDIAN PERSON HAVING CUSTODY (describe) \_\_\_\_\_

Sworn to and ascribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who is known to me personally or who provided me with a Florida Driver's License \_\_\_\_\_, as identification and who is known to be the person completing this Release Form.

\_\_\_\_ My Commission Expires: \_\_\_\_\_  
 Notary Public, State of Florida