

**W7SM Trip Release Form**  
 Effective for all trips and/or activities with  
 WEST 7<sup>TH</sup> CHURCH OF CHRIST AND WEST 7<sup>TH</sup> STUDENT MINISTRY

I, the undersigned, attest and warrant that I am the parent, guardian, or managing conservator of (child's name) \_\_\_\_\_, and that I have legal authority to sign this permission, release and consent to medical treatment. I will keep informed of the church sponsored activities for my child. If I do not want my child to accompany the group and participate in any specific church sponsored activity, I will take sole responsibility to see that my child does not attend the activity.

**Child's Name:** \_\_\_\_\_ **Parent or Guardian's Name:** \_\_\_\_\_

**Parent or Guardian Phone/Cell #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

**Medical Information**

|                               |                 |                      |
|-------------------------------|-----------------|----------------------|
| Physician's Name and Phone #: | Drug Allergies: | Current Medications: |
|                               |                 |                      |
|                               |                 |                      |
| Blood Type:                   |                 |                      |

List all other pertinent Medical Issues and Information:

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**Emergency Contact**

In Case of Emergency, Contact:

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Medical Insurance Information**

**Policy Holder:** \_\_\_\_\_

**Provider/Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Medical Release**

In the event of an emergency, I hereby authorize West 7<sup>th</sup> Church of Christ (West 7<sup>th</sup>) and its staff, employees, drivers, sponsors, volunteers and helpers (collectively "Representatives") to take any steps they deem necessary to obtain emergency medical care, including without limitation, anesthesia, for my child and I hereby release West 7<sup>th</sup> and its Representatives from any financial liability incurred during such emergency treatment.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Parent or Guardian)

**Parental Consent**

I hereby authorize and give my consent for my child to participate in West 7<sup>th</sup> sponsored trips and activities on and off the premises of West 7<sup>th</sup> and to ride in any vehicle provided by West 7<sup>th</sup> or owned by private individuals. I also understand that if my child becomes unmanageable or a discipline problem, West 7<sup>th</sup> may send them home immediately at my expense and I will forfeit any money paid for my child's participation in that event.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Parent or Guardian)

**Photograph Release**

Activities sponsored by West 7<sup>th</sup> are often photographed and/or videotaped. As parent or guardian, I give my permission for my child, \_\_\_\_\_, to be photographed and/or videotaped with the understanding that the photographs/video may be used for such purposes as social media content, video presentation, publicity, etc. by West 7<sup>th</sup> and its Representatives.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

**Church Release**

I hereby release West 7<sup>th</sup> church of Christ and its Representatives from any liability for injury or damages suffered by the above child and agree to release, indemnify and waive any rights by subrogation I may have, and hold harmless West 7<sup>th</sup> church of Christ and its Representatives for claimed or asserted injury or damage to my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)