

# BETHEL LIABILITY RELEASE FORM

Beta Sigma Ministries

September 1, 2016 – September 1, 2017

*This form covers all Beta Sigma events for the above period.  
(If under 18, guardian/parent must sign at the bottom)*

I, \_\_\_\_\_, (*students name*) in consideration of the benefits derived from my participation with Bethel Beta Sigma Ministries in an event or trip ("Beta Sig event"), which will include any event or trip administratively organized by Bethel Church, do hereby voluntarily release, acquit, and forever discharge Bethel Church and its directors, officers, employees, representatives and agents, the event organizers, and all host persons providing use of or access to their homes or property for the event, (collectively "released persons") from all manner of suits, actions, claims, demands, and liabilities which may arise from my participation in the Beta Sig event, which I might be able to assert now or in the future.

I recognize that during this Beta Sig event, I may be involved in indoor and outdoor activities and transportation by Bethel leaders, parents, or other Bethel adults.

I realize further that this Beta Sig event may give rise to certain health risks as well as other risks, to me and to my property, and I enter into participation in this Beta Sig event with knowledge and acceptance of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence of the released persons that might result from personal injury or property damage, arising out of or connected with my participation in this Beta Sig event.

No provision of this document shall, in any way, limit my right to make claims against persons other than the released persons.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Agent of the Church

Bethel Church, 825 Bering Dr., Houston, TX 77057  
*A Bible-Centered Community*

# BETHEL MEDICAL RELEASE FORM

Beta Sigma Ministries  
September 1, 2016 – September 1, 2017

*This form covers Beta Sigma Ministries events for the above period. Use **BLACK** ink only.*

GRADE \_\_\_\_\_  
NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ PARENT E-MAIL \_\_\_\_\_  
DAD WK PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
MOM WK PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
IN EMERGENCY, NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_  
DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH HISTORY: (CHECK ALL THAT APPLY TO THIS CHILD)

<b>Allergies:</b>	<input type="checkbox"/> Insect stings	<input type="checkbox"/> Drugs	<input type="checkbox"/> Other allergies
<b>Other Conditions:</b>	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Chronic Asthma
	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Epilepsy
	<input type="checkbox"/> Migraines	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Psychological
	<input type="checkbox"/> Stomach Upsets	<input type="checkbox"/> Physical	<input type="checkbox"/> Sleep Disorders

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

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**Date of Last Tetanus:** \_\_\_\_\_

Name and dosage of any medication that must be taken on a regular basis: \_\_\_\_\_

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I permit the following over-the-counter medications to be dispensed to my child if needed:

(Please initial below)

Ibuprofen (*Advil*)  Acetaminophen (*Tylenol*)  Antacids (*Tums*)  Diphenhydramine (*Benadryl*)

**OVER**

Any swimming restrictions:  Yes  No

Activity Restrictions?:  Yes  No If YES, what restrictions? \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Any pictures taken that my student may be in may be used for public communications (Bethel newsletters, Beta Sigma Ministries website, etc.).  Yes  No

Our church's insurance is only secondary insurance. Your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

INSURANCE INFORMATION: *Attach copy of card, front and back, or fill out info below*

Company: \_\_\_\_\_

Policy/ID#: \_\_\_\_\_ Group # \_\_\_\_\_ ph # \_\_\_\_\_

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

“In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.”

NOTE: This release has been made available via electronic means. By signing this document I am also stating that this document is the same in exact wording, meaning and intentions as the original release issued by Bethel Independent Presbyterian Church.

I/We have read and understand all aspects and all pages of this document. I/We agree that a copied representation of our signature(s) should be accepted as binding. Both parent signatures are preferable, but only one parent signature is required.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

The original copy of this form is on file at Bethel Church, 825 Bering Drive, Houston, Texas 77057