



# Master Release Form '22 - '23

1 form per family - for ALL PROGRAMS/ACTIVITIES sponsored by Ourspace from: 9/1/22-9/1/23



## Family Information:

Parent Full Name: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_

\*\*If Household information (parents, students, etc...) is correct in planning center skip to Medical Information Section\*\*

## Student Information:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ M F

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ M F

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Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ M F

## Guardian Information:

Parent/Guardian Name(s): \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_

Family Address, City, Zip: \_\_\_\_\_

Church Family Attends (If different from Bridge): \_\_\_\_\_

Emergency Contact Person #1: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact Person #2: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## Medical Information<sup>1</sup>:

Do all of your children have medical insurance? Yes No (please explain): \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

List the student(s) with any medical or food allergies, medication being taken, medical problems, moderate to severe mental/emotional/behavioral problems, or other pertinent health information needed to insure quality care for our events in general and/or in case of emergencies.

## Release Information:

Please check each box and sign below signifying you have read the releases and signify the information is correct to the best of your knowledge.

Medical Release

Photo Release

Contact Information

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> Medical information is kept confidential and handled with care. If multiple children with allergies, medications, etc please use back of sheet to complete.

**Medical Release Information:**

I understand that if medical intervention is needed for this child (these children) during church sponsored activities, every attempt will be made to contact the person(s) listed on this form. If, however, these persons cannot be reached, I (we) give our permission to the activity leaders to secure the services of licensed medical personnel to provide medical treatment, including anesthesia, which is deemed necessary for the well-being of this child (these children).

I understand reasonable safety precautions will be taken at all times by Bridge Bible Church and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk in any activity. I agree to release, forever discharge and hold harmless Bridge Bible Church, its leaders, employees, and volunteers from any and all/liability and claims for damages, loss, sickness and injury incurred by this child (these children.)<sup>2</sup>

I agree to the use of a 3<sup>rd</sup> party arbitration group selected by Bridge Bible Church to settle any disputes that may occur related to Bridge Bible Church Youth activities. I attest that all information given above is true and accurate, and have not purposely withheld critical health information that would hinder participation.

**Photo Release Information:**

By signing this document I understand that I am authorize Ourspace and its members the right to edit, alter, copy, and make use of all photos and or videos and taken of me to be used in and/or for promotional materials without payment or consideration. This grant of use includes but is not limited to publishing on the Internet, emails, magazines, pamphlets, advertisements, and in whatever other manner Ourspace finds useful or for any other lawful purpose.

I understand and agree that these materials will become Ourspace property and will not be returned. This release extends to all formats, media, languages, and formats now known and hereafter developed. This release shall continue indefinitely, unless other ways revoked in writing.

In addition, I waive any right to royalties or other compensation arising or related to the use of the media. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my or my child(rens) behalf of my/their estate have or may have by reasons of this authorization.

**Contact Information:**

I understand that my children's participation in Ourspace will require its leaders and other affiliates of Bridge Bible Church and/or Ourspace Youth Ministries to contact myself, other guardians, and my child. The information collected is to be utilized for those purposes of contact and care. Your information well never be shared without your knowledge and will never be sold, distributed, or passed on. Bridge Bible Church takes your information seriously and desires to respect your privacy however you see fit.

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<sup>2</sup> This form is intended as a general release of liability for Bridge sponsored events and additional forms may be required for specific events, such as but not limited to camps, missions trips, and excursions.