



Student Medical Release & General Authorization Form

I hereby give permission for my child, _____, to participate in the events and activities of Gateway Alliance Church (referred to as Gateway from here on). I hereby release and indemnify Gateway, it's staff, and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in these events.

Signature of Parent / Guardian Date

Student's Address _____
Parent or Guardian Name(s) _____
Phone 1 (_____) _____ Phone 2 (_____) _____
Email Address 1 _____
Email Address 2 _____

MEDICAL PERMISSION

I grant permission for the administration of first aid to my child, _____, by Gateway staff and volunteers, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents / guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff or volunteers to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent / Guardian _____
Parent / Guardian Address _____
City, State, Zip Code _____
Phone (_____) _____ Date _____

Preferred Physician _____ Phone _____
Medical Needs and/or Allergies _____

INSURANCE INFORMATION

Policy in the name of _____
ID # _____ SS # _____ - _____ - _____
Insurance Company _____
Policy # _____

MEDIA RELEASE

I hereby give permission to Gateway Alliance Church to use my child, _____'s, photos, image, & likeness in all forms and media for website, print, social media, advertising, portfolio, stock photography, editorial, altering without restrictions, and all other lawful purposes. I understand my child and I are entitled to no compensation. I release the photographer from all forms of claims and liability related to my photo/image/likeness usage.

Parent Signature Date