

JupiterFIRST Church Student Ministries  
RELEASE OF LIABILITY – EMERGENCY MEDICAL RELEASE

**A COPY OF FRONT & BACK OF INSURANCE CARD MUST ACCOMPANY THIS FORM**

_____ Print Student Name	_____ Student Cell Number
_____ Print Parent(s) Name(s)	_____ Parent Email Address
_____ Home Address	_____ City, Zip
_____ Parent (Mother) Cell Number	_____ Parent (Father) Cell Number

We/I the parent(s)/guardian(s) of the above-named student, hereby give our permission for our child to attend all JupiterFIRST Student Ministry events for one year from the date signed. We understand that these events will be supervised by adults and, we agree to hold harmless the church and its volunteers and staff from liability due to accident or injury due to circumstances beyond their reasonable control.

We also hereby grant permission to any accredited emergency medical technician and/or hospital emergency room personnel or physician to treat our child in case of serious accident or injury in the event that we cannot be reached by telephone.

We also grant permission to staff, volunteers, or other students to take photographs or videos of our child. We understand that images may be in print publications, online publications, presentations, websites, and social media. We also understand that no royalty, fee or other compensation shall become payable to us by reason of such use.

_____ Signature of Parent/Guardian	_____ Date
_____ Alternative Contact Person	_____ Cell Phone
_____ Health Insurance Carrier	_____ Policy/Group#

Special Instruction(s), Medication(s), Condition(s) (List below):

\_\_\_\_\_  
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