



Harvest Students Event Participation Form November 2011 – November 2012



I/We give Consent for _____ (name of minor) to attend any Harvest Student's events being sponsored by Harvest Bible Chapel from the month of November 1, 2011 – November 30, 2012.

In the event that he or she is injured while under the care of the Harvest Bible Chapel and its' representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the Harvest Bible Chapel and its' representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release the Harvest Bible Chapel and its' representatives from any liability due to accident or injury incurred by my child.

Signed: _____

Harvest Bible Chapel Palos (708) 974-2222** www.harvestpalos.org**

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent or guardians immediately in the event of injury or other emergency!

Name of Parent or Guardian _____

Grade of Minor _____ D.O.B. ____/____/____

Phone: Home () _____

Work () _____

Cell () _____

Emergency Contact if parents can't be reached _____ Phone: () _____

Special Medications or Medication Allergies _____

Health Insurance Information:

Name of Insurance company: _____ Phone : () _____

Policy #: _____

Family Doctor _____ Doctor's Phone () _____

Students Name