

**MEDICAL HISTORY/CONSENT FORM (Minor/Under 18 years of age)**

Date: \_\_\_\_\_ Name of Student: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **10-Digit Phone Number(s):** \_\_\_\_\_

Name of primary care physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

I, (name of parents or guardian): \_\_\_\_\_ of the undersigned,  
of (address): \_\_\_\_\_ City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_  
\_\_\_\_\_ am the parent or other legal guardian of (name of child) \_\_\_\_\_ a minor of  
\_\_\_\_\_ years of age, of (address): \_\_\_\_\_ City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_ (referred to herein as "Minor").

In the event of any accident, sudden illness, or medical emergency involving aforesaid minor, I hereby authorize the following staff members of Campus Crusade for Christ, Inc.: Ken Mentz, Mark Michal, Brian Clark, CJ Neal, Charles Hedman, Mark Rumschik, Angie Rumschik, Carolyn Wiley, Joe Malizia, Scott Livermore, Deborah Foxworth, Keith Ray, John Steiner, Mark Alliett, Brocklyn Steiner, Tim Brakefield, Joe Kleibscheidel, Alison Kleibscheidel, Jeff Hansel as adult person(s) into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. This authorization is limited to the following dates: **January 13th, 2012 through and including January 16, 2012.**

**Signature of parent/ or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/ or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RECREATIONAL ACTIVITY LIABILITY RELEASE AGREEMENT (Under 18 years of age)**

The minor, \_\_\_\_\_ (herein "Participant"), wish to participate in a recreational activity (herein the "Activity") sponsored by Student Venture, a ministry of Campus Crusade for Christ, Inc., a California non-profit religious corporation (herein the "Ministry"). This Activity is scheduled to take place **from January 13th, 2012, to January 16, 2012.** Ministry, Participant, and Participant's parent(s)/legal guardian(s) (herein "Guardian") agree that the Activity poses potential **Risks**. "Risks" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by plane, bus, train, car, truck, van or any other vehicle to and from the Activity location; Any and all inherent risks associated with travel or participating in Activity; Loss or destruction of Participant's personal property; Head trauma; Broken bones; Injury to or loss of limbs; or Medical complications related to a pre-existing condition of which Ministry was unaware. For and in consideration of Ministry allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participant's personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasers") release, waive, discharge and covenant not to sue Ministry and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasers, on account of injury to Participant or death to Participant or injury to the property of Participant, **whether caused by the negligence of Releasees or otherwise**, while Participant is participating in the Activity. **Participant and Guardian are fully aware of the Risks and other hazards inherent in the Activity and are allowing Participant to participate in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by Participant while participating in the Activity.** Participant and Guardian acknowledge that as a part of this Release they shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity. Furthermore, Participant and Guardian understand that Participant's voice or image may be recorded at this Activity or in travel to and from the Activity location. Participant and Guardian irrevocably grant to Ministry the perpetual, royalty free license and permission to use, reuse, publish, republish Participant's voice, likeness and photograph, and to the extent provided by Participant, name and biography, as included in video or audio recordings or photographs from the event, in whole or in part, at Ministry's sole discretion, in conjunction with the Ministry Uses and promotion thereof. Ministry Uses include, but are not limited to, DVDs, photographs, cassettes, compact discs, transcripts and publications in written, electronic, digital and other formats now existing or later developed for sale, license, distribution, transmission or posting or download from the Internet.

Participant and Guardian warrant that they have fully read and understand this Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to Participant or Guardian. **CAUTION: READ BEFORE SIGNING.**

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

Participant Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Parent/legal guardian #1 Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Parent/legal guardian #2 Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_