

Today's **DATE:** ____/____/____



I/We give my/our permission for the above student to participate in Church of the Highlands' activities. I/We hereby release Church of the Highlands, their agents and employees, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against Church of the Highlands and other described parties, volunteers and friends aiding in the event for all personal injuries known or unknown above has/have or may incur by participating in student activities.

I/We hereby understand that my/our child may participate in sports which may include but not limited to skateboarding, water-skiing, jet skiing & BMX biking, etc. I/We further authorize Church of the Highlands' officials, agents employees, drivers or owners of private vehicles, boats, jet-skis, etc. to transport my/our child.

I/We hereby attest and affirm that the above named student has received a physical examination within the past year and have no ailment or deformity that should prevent my/our child from participating in any student activity of the Church of the Highlands. I/We further authorize Church of the Highlands' officials, agents, and employees to take the proper steps to provide medical attention should my/our child be injured while participating in any activity or being transported to or from any Church of the Highlands' sponsored activity.

I/We hold Church of the Highlands' officials, agents, employees, drivers or owners of private vehicles, boats, jet-skis, etc. harmless.

I/We the undersigned have read this release and understand all its terms. I/We execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I/We have executed this release at Church of the Highlands the day and year first above written.

Name of **Child(ren):** _____

ADDRESS:

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

SIGNATURE of parents or Guardians: _____

PRINT Parents or Guardians **NAMES:** _____

Emergency **PHONE:** (_____) _____

Insurance **CARRIER** (Mandatory): _____

Policy **NUMBER:** _____

NOTE:

1. I/We understand that Church of the Highlands does not provide medical insurance for students.

Initial of Parent _____ Initial of Student(s) _____

2. Sponsors need to be aware of a participant's health care needs. Please state on back of form if you have any condition or special equipment that a sponsor should be aware of (allergies, asthma, contact lenses, etc.):

Do you take any medication(s) or prescription(s) on a regular basis? Yes _____ No _____ If yes, what:

Reaching Our Community, America, and the World for Jesus Christ

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