



Medical Release Form / Permission to Participate & Treat **2026**

Personal Information:

Student Name: _____ DOB: ____/____/____
Age: _____ Gender: _____ Student Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Emergency Contact Information:

Parent/Guardian: _____
Email: _____
Phone: (____) _____ Alt Phone: (____) _____
Secondary Contact: _____ Relationship: _____
Phone: (____) _____ Alt Phone: (____) _____

Insurance Information:

***Attach a copy of your insurance card to this form.**

Insurance Co.: _____ Group#: _____ Policy#: _____
Cardholder: _____ Relationship to Cardholder: _____

Personal Medical Information:

Physician's Name: _____ Phone: (____) _____
Physical Limitations, Allergies, and/or Special Instructions:

List ALL medication taken on a regular basis.

Prescription meds MUST have a pharmacy label and name of doctor when sent with student on youth activities.

2026- Annual Permission & Medical Info

List all operations/serious injuries or illnesses and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted: _____

Emergency Authorization - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that prescription meds MUST have a pharmacy label and name of doctor when sent with student on youth activities.

I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions.

I hereby give consent for my child to participate in youth group activities, on and off campus, for the year of 2026.

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above. I also grant to the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media.

Signature of Parent/Guardian _____ Date _____

Printed Name: _____

Witness Signature: _____ Date _____

Printed Name: _____

(Witness must be over 18 years old)

**LifeSpring Church (a DBA of Fellowship Church of High Springs Inc)
15615 NW State Rd 45 High Springs, FL**

WAIVER AND RELEASE AGREEMENT FOR _____

Please read carefully before signing- this is a release of liability and waiver of certain legal rights

In consideration for my being permitted to participate in the activities of **LifeSpring Church Student Ministry Activities**, I agree to the following Waiver and Release:

I acknowledge that my participation in the activities of LifeSpring Church's Student Ministry has inherent risks, hazards, and dangers for anyone, that cannot be eliminated. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

- Water hazards; which includes, but is not limited to, canoeing, kayaking, boating, swimming, fishing, skiing, and tubing.
- The propensity of animals to behave in ways that may result in injury, harm, or death to persons on or around them;
- Physical injury risks relating to sporting activities, whether participating or spectating;
- Collision with other people, animals, or objects;
- The potential of the participant to act in a negligent manner that may contribute to injury to the participant or others or not acting within his or her ability.
- I may encounter variations in terrain that are my responsibility and I assume these risks including creeks, water, bridges, traveled roads, wild things, stumps, forest growth, debris, rocks and cliffs, and other obstacles whether they are obvious or not obvious, man-made or natural;
- Hiking in rugged country;
- Encounters with wildlife, animals, and insects;
- Transport to and from off campus events by drivers approved by the church;
- Any hazards related to any other activities provided through LifeSpring Church Student Ministry.

I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY PARTICIPATING WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

Lastly, I, for myself, my heirs, successors, executors, and subrogates, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS **LifeSpring Church(Fellowship Church of High Springs, Inc)**, their directors, officers, agents, employees, members, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the

use of these services, animals or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of **LifeSpring Church DBA of Fellowship Church of High Springs, Inc or** their directors, officers, agents, employees, members, and volunteers or from some other cause. I, for myself, my heirs, my successors, executors, and subrogates, further agree not to sue **LifeSpring Church DBA of Fellowship Church of High Springs, Inc or any affiliated party** their directors, officers, agents, employees, members, and volunteers as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of the Student Ministry.

If under eighteen years of age, parent, guardian, or custodian must sign the following indemnification:

INDEMNIFICATION

In consideration for the above minor being permitted by _____ (parent or guardian) to participate in the activities of **LifeSpring Church DBA of Fellowship Church of High Springs, Inc Student Ministries**, I agree to the following waiver, release, and indemnification:

The undersigned parent, guardian, or custodian of the above minor, for himself/herself and on behalf of said minor, hereby joins in the foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend, **Fellowship Church of High Springs, Inc**, their directors, officers, agents, employees, members, and volunteers from and against any claims, actions, demands, expenses, liabilities (including reasonable attorneys' fees), and NEGLIGENCE made or bought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of **LifeSpring Church DBA of Fellowship Church Student Ministries** and his or her use of the property, animals, if any, and facilities of **LifeSpring Church DBA of Fellowship Church of High Springs, Inc**. I, for myself and on behalf of said minor, further agree not to sue **LifeSpring Church DBA of Fellowship Church of High Springs, Inc**, their directors, officers, agents, employees, members, and volunteers, as a result of any injury, paralysis or death that said minor suffers in connection with his/her participation in the activities of **LifeSpring Church DBA of Fellowship Church Student Ministries**.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

(Student)

Date

(Parent/ Guardian Signature if under 18)

Print Name

Mailing Address City State

Phone Number