



TRIP RELEASE FORM

Participant's Name _____ Age _____ Birth date _____

Address _____ Phone (_____) _____

City _____ State _____ Zip Code _____

I, _____ choose to participate in the following ALPINE STUDENT MINISTRY ACTIVITY,
(Participant's name)

_____, on _____
(Activity) (Dates)

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

We (I) agree to hold Alpine Chapel, Alpine Student Minister and Alpine Student Ministry Leadership harmless from any and all liability, actions, courses of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with participating in the above mentioned activity.

Parent's Signature/Legal Guardian's Signature

Date

Registering for this trip gives Alpine Chapel the authorization to use photos and videos of this participant for promotional purposes.

EMERGENCY INFORMATION

Name of Person Insured: _____

Insurance Company: _____

Policy #: _____

Family Physician: _____

Phone Number: _____

Date of Last Tetanus Shot: _____

Current Medications: _____

Known Allergies: _____

Other: _____

In Case of Emergency, Contact:
Name _____
Phone # _____
Relationship _____

Parent's Signature/Legal Guardian's Signature

Date