

# Medical and Liability Release Form

JourneyChurch.tv

I, \_\_\_\_\_, verify that I will be a participant at the Student Journey Stand Up Conference.

Do you suffer from any allergies? If so, please list:

\_\_\_\_\_

Will you need to take any medication? If yes, please list:

\_\_\_\_\_

In the event that there arises any emergency needing medical attention, I hereby consent and give permission to JourneyChurch.tv, its representatives, or any attending physicians to make such decisions and perform such medical treatment which may in their sole discretion be necessary and proper under the circumstances. I hereby release JourneyChurch.tv, its representatives, or any physicians from any and all actions, damages, or liabilities arising from the treatment or any sickness/accident incurred by above said participant during the Student Journey Stand Up Conference including, but not limited to during transport, etc.

Participant First and Last Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ (If participant is under the age of 18)

Date \_\_\_\_\_