

# Liability Release & Medical Consent

The undersigned does hereby give permission for my above-named child to attend this event sponsored by Emmanuel Community Church and to participate in all activities.

Please Initial

I authorize an adult in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Acts on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Please Initial

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Please Initial

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in the activity sponsored by Emmanuel Community Church.

Please Initial

The undersigned acknowledges that he or she is advised and aware of the nature of the activities planned for this event. I also understand that there is some risk inherent in such activities. I consent to the minor's full participation in such activities and agree to hold Emmanuel Community Church and its agents and representatives harmless for any injury related directly or indirectly out of such activities or the transportation to or from such activities.

Please Initial

I further give permission for still or moving images of my dependent to be used by the church for promotional purposes in printed and/or electronic media.

Please Initial

Signature of Guardian

Date

Insurance Company

Policy Number



## Like what you see?

This is just a taste of what  
**ECC Student Ministries**  
 is all about. Check us out  
 on Sunday nights from  
 6:00-7:30 for

# IMPACT



To visit our website, scan this QR Code on your mobile device.



**eccstudentministries**  
 engage • embrace • equip

Emmanuel Community Church  
 12222 West Jefferson Blvd  
 Fort Wayne, IN 46814  
 260.672.3377



## High School

# LOCK-IN

**Mar. 16** **Mar. 17**  
**8:30 pm** **7:00 am**

# LOCK IN

**8:30 pm**

We'll meet at ECC, hop on the church vehicles and head on over to the Jorgensen YMCA for some time spent in the gym and pool. If you plan on swimming be sure to bring a gym bag, towel, and a one piece swimsuit.

**12:00 am**

After you work up a good sweat in the gym and take dip in the pool, we'll give you some time to regain that lost energy by watching a movie at the Coventry 13 theaters. Bring some cash if you want concessions.

**2:00 am**

Just about the time you might be getting sleepy, we'll hop on the vehicles and head to Canlan Ice Rink to shred some ice on the rink. The bonus—there are inflatables to expend some energy if you don't want to skate.



## In Case of an Emergency



In the event of an extreme emergency on the day of this event, you may contact Todd on his cell phone at 797-3265. Please use this number only in the event of an extreme emergency.



**\$40**

**4:00 am**

Put on those dark clothes and strap on the light packs because it's time for some lazer tag at the familiar place we've all come to love—Lazer X. Don't forget the free video games!

**7:00 am**

As if staying up all night and eating a ton of junk food isn't enough, we'll return to ECC for doughnuts and juice.



## REGISTRATION FORM

Are you ready? Follow this quick and easy registration process:

- Check with mom and dad
- Fill out this side of the form
- Have the folks read & sign the back
- **Registration is due back Mar. 11**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Concerns/Medications: \_\_\_\_\_

Student may be given:

- Tylenol
- Pepto Bismol
- Benadryl
- Immodium

You Turn in this side

