

TIMS Medical Form**Due May 31stth***(Make copies of the medical release form for each student attending)*Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Year in school _____ Male _____ Female _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ cell _____

Medical insurance company _____ Policy # _____

Parent/Guardians Name _____ Phone: Home _____ Work _____

Alternate Contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Is your child in general good health and able to participate in all normal TIMS activities? Yes _____ No _____

If no please submit a statement of limitations.

Dietary Needs _____ Reason for Dietary Needs _____

Allergies _____

Medications _____ Reason for Medications _____

Physical Disorders _____

Activity Restrictions _____

RELEASE AND WAIVER OF LIABILITY:

(Must be signed by participant and parent/legal guardian if participant is minor.)

The undersigned does hereby release, discharge, indemnify and hold harmless Teens In Missionary Service and Christian Retreat Center and all of their parent and affiliated organizations and all of their officers, agents, contractors, directors, members, participants, and employees from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my [minor child's] participation in, and attendance with the Teens In Missionary Service ministry and/or any related facilities, including claims or demands for injury or death to me [minor child], or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise. This waiver, release and indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate in the Teens In Missionary Service ministry. THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING. The terms and provisions of this waiver, release and indemnification shall be binding upon the heirs, executors, administrators of the undersigned, and use of this waiver, release and indemnification in the absence of the signature below, shall constitute acceptance of the terms and conditions herein. THE UNDERSIGNED expressly acknowledges and agrees that the activities of this ministry involve the potential risk of injury and/or death or property damage. THE UNDERSIGNED further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Pennsylvania and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal full force and effect. In signing this form I also give permission to use photographs, audio, video footage including my child in camp publicly, along with any media publication that might cover the TIMS program.

(Date)_____
(Signature of Participant)_____
(Signature -parent/legal guardian)