

**The Bridge Church  
2170 12<sup>th</sup> Street  
Idaho Falls, ID 83404**

**Bridge Students Waiver:  
Medical Release  
& Liability Release**

**General Information**

Name of Individual: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

Activity Restrictions: No: \_\_\_\_\_ Yes: \_\_\_\_\_ If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\* The Bridge Church Staff & volunteers are not able to dispense medication to students; any medication needed by the student must be brought by the student and they must be able to use independently. \*

Name of Parent(s)/Guardian(s) and/or Emergency Contacts: \_\_\_\_\_

\_\_\_\_\_

Phone #'s: \_\_\_\_\_

\_\_\_\_\_

Addresses: \_\_\_\_\_

\_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

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**Medical & Liability Release**

This medical and liability release form for: \_\_\_\_\_ (participant's name) gives The Bridge Church staff and volunteers my permission to see whatever medical/dental attention is deemed necessary and releases The Bridge Church and its staff and volunteers of any liability against personal losses of myself or my child that I am signing for.

I/We give consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by The Bridge Church and its representatives. I also give my permission to transport the above-named individual during the course of any scheduled events or activities held by The Bridge Church, and/or at their discretion in case of emergency,

I hereby agree to hold The Bridge Church and its pastors, employees, agents, and volunteer workers harmless of any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury (even injury resulting in death) to the above-named individual, which I/they now have or which may arise in future connected events with participation in any events organized by The Bridge Church.

I understand that a lack of cooperation with The Bridge Church policies/rules/procedures will result in the above-named individual being asked to leave the event/activity or church property, and in the case of a minor, will require a parent or guardian to pick them up from their current location. I also understand that a pattern of not following policies/rules/procedures of The Bridge Church may bar the above-named individual from any/all future events/activities/etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (s)/Guardian(s) Signature: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_