



MAKE COPIES OF THIS FORM FOR EACH STUDENT AND ADULT ATTENDING

# OUT ALL NIGHT

## Medical/Permission Form

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Any Prescriptions/Medications: \_\_\_\_\_

Allergies (food, medicine, etc.): \_\_\_\_\_

My son/daughter has permission to participate in all activities related to  
**Out All Night** sponsored by Ground Zero on **January 24th & 25th**.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form gives permission to seek whatever medical attention is deemed necessary, and releases the student's church, Ground Zero and any staff and volunteers of any liability against personal losses of listed student. I/We the undersigned have legal custody of the named student, a minor, and have given our consent for him/her to attend this event. I/We understand that there are inherent risks involved in any event and we release the above mentioned organizations, their leaders, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of the event. In the event that he/she is injured and requires medical attention of a doctor, I/we consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the organization, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be responsible for the cost of any medical care not reimbursed by my/our health insurance provider. Further, I/we affirm that health care coverage is (insurance or otherwise), to the best of my/our knowledge, still in force and for the named student. I/We also agree to bring my/our student home at my/our own expense should the students become ill or deemed necessary. I/We further understand that my/our child will be transported by bus to all activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rockin Jump requires their permission form to be filled out. Please take 3 minutes to go online and follow the steps below. A copy will be sent to Rockin Jump and to you. Rockin Jump will check the forms before allowing students to participate.

1. Go to: <https://rockinjump.com/myrtlebeach/jumpsafe/>
2. Click on "Sign Waiver"
3. Use the drop down box to select "Myself & Children"
4. Fill out the form and submit
5. Sign below **after** you have completed the Rockin Jump waiver

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_