



LIFECYCLES stands in the gap to build young men and women of character in a faith-based bicycle touring and mentoring program.

# MEDICAL RELEASE AND PERMISSION FORM

The purpose of this form is to provide permission to participate in the LIFECYCLES bicycling and mentoring program from January 2023 through December 2023. During this time we will ride under trained supervision in Lancaster County and nearby counties, attend group recreational activities and participate in community service projects. Bicycles, gear, uniforms and meals are provided free of charge.

## PERSONAL INFORMATION

Teen's name \_\_\_\_\_ Age & DOB \_\_\_\_\_ Teen Phone \_\_\_\_\_
Address \_\_\_\_\_
Parent(s) name(s) \_\_\_\_\_ Cell Phone \_\_\_\_\_
Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_
Emergency contact (other than parent) \_\_\_\_\_ Cell Phone \_\_\_\_\_

## INSURANCE INFORMATION

Company \_\_\_\_\_ Policy Type \_\_\_\_\_
Policy number \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

List all prescription medications used (with dosage): \_\_\_\_\_
For what condition(s)? \_\_\_\_\_
List any physical disabilities or limitations \_\_\_\_\_
List any known allergies and reactions \_\_\_\_\_
List any major illness or injuries in the last year \_\_\_\_\_

## PARENTAL RELEASE

In an emergency, illness, injury, or accident requiring medical attention, I give my permission to LIFECYCLES leaders, its representatives, and all attending health care professionals for my child, \_\_\_\_\_, to administer medical treatment, to hospitalize, anesthetize, or perform surgery. I understand that every effort will be made to contact before these actions are taken. I, \_\_\_\_\_, the undersigned, do release, acquit, discharge damages or liabilities arising from the treatment of any illness, injury, or accident incurred during my child's participation in these activities. It is the intention of this release that the above LIFECYCLES leaders and representatives incur no liability while attempting to meet all medical needs that my child may require during these activities. I agree to the following:

- I am legally responsible for the above identified participant.
- I grant full permission to participate in these activities.
- I grant permission to use photos or videos of my child LIFECYCLES promotions, printed material and social media.
- I agree to the release described above.

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

"For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11