

STUDENT Name _____ Birthdate _____ Male Female

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Email _____

School name _____ Grade _____ High school graduation year _____

PARENT/GUARDIAN Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Email _____

PARENT/GUARDIAN Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Email _____

EMERGENCY CONTACT *(in the event that a parent/guardian cannot be reached)*

Name _____ Relationship _____ Phone _____

MEDICAL INFORMATION

Does this student have...? Chronic health issues No Yes, _____

Mental or behavioral health issues No Yes, _____

Dietary restrictions No Yes, _____

Allergies No Yes, _____

Tetanus TDaP shot in last 10 years No Yes

Other health information about this student that we or an attending physician would need to be aware of, including medications (Rx, OTC, herbal):

Over-the-counter medications **NOT** to be dispensed to this student for treatment of minor ailments/injuries: _____

Student is **NOT** to participate in these activities: _____

Physician _____ Phone _____

Dentist _____ Phone _____

Medical insurance company _____ Phone _____

Name of insured _____ Policy # _____

Dental insurance company _____ Phone _____

Name of insured _____ Policy # _____

Parent/Guardian Signature _____ Date _____

In consideration of my child, _____, being allowed to participate in any way in Restoration Covenant Church student/youth ministry ("Restoration Students") related activities, the undersigned acknowledges, appreciates, and agrees that:

I grant permission for my child to participate in all church-sponsored Restoration Students activities ("Activities") communicated in News & Notes and/or the church public calendar, including but not limited to the following: athletic games; boating; Bible study; biking; camping; concerts; cook outs; discussions; excursions and outings; hayrides; hiking; movies; paintball; recreation and sports on ice, snow and water; rollerblading; service projects; team sports. If I wish to limit my child's participation in an activity, I will submit my wish in writing to Restoration Covenant Church prior to that activity.

I grant authorization to Restoration to furnish any necessary medical care, transportation, food, and lodging during Activities.

I grant permission to Restoration to administer over-the-counter medications, as needed, to my child, including but not limited to these medications and their equivalents: Advil; Benadryl; calamine lotion; Chloraseptic; cough drops; hydrocortisone; Robitussin DM; Sudafed PE; topical antibiotics; Tums; Tylenol. If I wish to limit the administration of OTC medications to my child, I will submit my wish in writing to Restoration Covenant Church.

I grant permission to Restoration to take my child to a doctor or hospital and authorize medical treatment. I understand that if medical treatment is required, I will be contacted as soon as possible. I will assume all responsibility for all medical bills.

Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, I hereby assume all related costs and understand that I will not receive a refund of any activity fee.

I understand that Restoration is not responsible for the loss, theft or damage of personal belongings.

I hereby grant permission for Restoration to publish images of Activities and of my child for the purpose of promoting Restoration Covenant Church through its communication channels. I grant this permission freely and without reservation.

I fully acknowledge that (a) there are inherent risks, dangers and hazards that exist with the Activities and the use of equipment; (b) participation in Activities and/or use of equipment may result in death, injury or illness including but not limited to concussion, disease, strains, fractures, paralysis, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, the forces of nature or other causes.

The risk of injury to my child from participating in Restoration Students is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1 For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Restoration Covenant Church, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), or others, and assume full responsibility for my child's participation; and,

2 I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest Restoration leader immediately; and,

3 I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS all the Releasees or others, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

4 I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature _____ Date _____