

Risen King Community Church

Please **PRINT** CLEARLY

MEDICAL AND LIABILITY RELEASE for Students & Staff

NOTICE: This form must be completed in order for participation in any/all 2019 weekly or special Activate Youth events or Camps. (Please fill out a separate form for each child.)

PERSONAL INFORMATION

M/F: _____

Last Name: _____ First Name: _____ Age: _____ DOB: ____/____/____

Home Phone: _____ Cell Phone: _____ Grade: _____ School: _____

Address: _____ City/State: _____ Zip: _____

Student's Email: _____ Parent's Email: _____

Father's Name: _____ Tel: _____ Cell Phone: _____

Mother's Name: _____ Tel: _____ Cell Phone: _____

(List phone #'s where you can be reached during the trip dates)

Emergency Contact (*other than parent*): _____ Phone: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Address: _____ Insured ID #: _____

ADULT Shirt Size: S M L XL XXL

(Circle one)

Do you regularly attend Church?: YES [] NO [] If YES, where?: _____

RESTRICTIONS

Swimming Restrictions: Yes [] No [] Activity Restrictions: Yes [] No [] Other restrictions (*please specify*): _____

OTHER PERTINENT INFORMATION

If participant should require medical attention for this trip for injuries received or illnesses contracted prior to coming on this trip, please Provide us the information necessary to ensure proper medical service if necessary: _____

List any other medical information or special needs we should be aware of: _____

PHOTO RELEASE

I give permission for (name) _____ to be photographed, interviewed or videotaped. These photos, stories or videos will be used for Risen King Activate Youth purposes.

FORM CONTINUES ON THE BACK

MEDICAL AND LIABILITY RELEASE for Students and Staff

LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

While Risen King Community Church(RKCC) makes every effort to provide a safe and pleasant environment for your child, we do require that this participation agreement be read, filled out, and signed and dated by the parent or legal guardian or each child who wishes to participate in the activities/trips planned and/or held by RKCC.

The undersigned participant (and participant’s parent(s)/guardian(s), if applicable) hereby authorizes Risen King Community Church, Redding, California, acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect for the duration of the trip, unless revoked in writing by participant or participant’s parent or guardian, as the case may be. **RKCC** and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant’s parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant’s parent(s)/ guardian(s), if applicable) will reimburse **RKCC** for the reasonable cost of transporting participant from the event location to **RKCC**. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant’s parent(s)/guardian(s), if applicable) authorizes **RKCC** and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit, in an appropriate manner, without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant’s parent(s)/guardian(s), if applicable) waives any right participant (and participant’s parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant’s parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless **RKCC** and its elders, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant’s activities in connection with the event. Participant (and participant’s parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges **RKCC** and such persons from any liability or claim against **RKCC** or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. **RKCC** does not assume any obligation to provide financial or other assistance to participant (or participant’s parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant’s parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

I (we) certify that the information provided above is correct and **I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.**

PRINT Participant LAST NAME: _____ FIRST NAME: _____

Participant Signature: _____ Date: ____/____/____

PRINT PARENT OR GUARDIAN NAME: _____

Parent (with custody of Participant) or Guardian Signature: _____ Date: ____/____/____

Risen King Community Church 6100 Oasis Road Redding, Ca 96003
Contact: Jason Hanson (530)440-1880 (530) 244-2300