

Annual Student Release and Emergency Contact Information

(Fall 2015 - Summer 2016)

STUDENT'S FIRST AND LAST NAME _____ GRADE _____

I/We, the parent(s), on behalf of the above named student for whom I am legally responsible, accept the conditions and risks outlined in this waiver and release and consent to his or her participation in the activities that are a part of the regular church year and are sponsored by First Reformed Church (the "Church"). These activities include such things as summer events, small group outings, service projects and regular programming. I represent and agree that:

1. I am legally responsible for the above identified minor or ward (the "Participant") who is a voluntary participant in the Activities and not an employee, agent or contractor of the Church.
2. I understand that this release is valid from September 1, 2015 through August 31, 2016, and covers all of the Activities provided to the Participant by the Church during this time.
3. In consideration of Participant being permitted to participate in the Activities conducted by the Church, and other good and valuable consideration, I hereby assume all responsibility for and waive, release and discharge the Church, its members, ministers (both ordained and lay persons), officers, agents, employees, volunteers, contractors and other associates and representatives (hereinafter these individuals shall be included in the definition of the "Church") from any and all liability and claims of any kind whatsoever, for death, personal injury, loss of property or property damage Participant or I may have, or that may subsequently accrue to Participant or me, or to our respective heirs, executors, administrators or assigns, as a result of Participant's involvement in the Activities. I am aware of the potential hazards and risks to Participant associated with the Activities, such hazards and risks including, but not being limited to, injury or death by accident, weather conditions, and random acts of violence. I accept these risks on behalf of Participant with full awareness of these risks and knowing the only source of insurance available to Participant or me must be provided by me, and Participant and I are not relying on any insurance to be provided by the Church. Furthermore, I assume full responsibility for all medical bills, damages or other losses or any kind associated with any bodily injury, death or property damage due to the negligence of the Church while Participant is taking part in the Activities.
4. In addition to the above release, I further indemnify and hold the Church (as defined above) harmless from any and all personal injury, death, loss of property or property damage, or any other damages, relating to and arising from Participant's activity in the Activities.
5. I attest and certify that Participant has no known medical, physical, psychological or emotional conditions that would prevent him or her from participating in the Activities, except as stated on this form.
6. I authorize the Church, its representatives and all attending health care professionals (including but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to provide medical treatment, to hospitalize, anesthetize, or perform surgery on Participant as is required. I do release, acquit, discharge and covenant to hold harmless the Church, and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during the Activities. The Church and its representatives will incur no liability whatsoever while attempting to meet all medical needs Participant may require during the Activities. I agree to be responsible for all medical costs associated therewith.
7. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Iowa and that I intend this waiver and release will be binding on me, Participant, our family, estate, heirs, successors, assigns, insurers, medical providers, and personal representatives. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
8. I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Parent/Guardian Signature _____

Printed Name _____

In witness whereof, I have executed this waiver and release on _____, 20____, and I understand this release will apply to the activities taking place from September 1, 2015 through August 31, 2016.

Annual Student Release and Emergency Contact Information

(Fall 2015 - Summer 2016)

Emergency Contact Information:

Emergency Contact: _____
Relationship to participant: _____ Emergency Phone: _____
Insurance Company: _____ Policy # _____
Physician Name and Phone Number: _____
Date of last tetanus shot (this must be within 10 years): _____
List any known medical conditions or allergies and reactions: _____

Personal Contact Information:

Name of Parent(s) or Guardian(s): _____
Parent(s) or Guardian(s) mailing address: _____
Parent(s) or Guardian(s) e-mail address: _____
Parent(s) or Guardian(s) home phone number: _____ cell phone number(s): _____
Participant's Cell Phone number: _____

Media release:

- Yes, I do give my permission
- No, I do not give my permission

for my son/daughter to be photographed and/or videotaped during any and all regularly scheduled Youth Ministry activities of First Reformed Church. I furthermore agree that any photographs or video may be published either on the church's web site or printed for use in publication and/or advertisement of the Youth Ministry of First Reformed Church. I am aware that my child's name will not be used in any way, just their image.

Transportation release:

- Yes, I do give my permission
- No, I do not give my permission

for my son/daughter to be transported by the Youth Ministry leadership of First Reformed Church. I am aware that any driver will be at least 18 years old, approved by the supervisor, fully insured and licensed. I am aware that my youth will never ride in the back of a pickup truck and will make use of all available safety restraints as required by law. I also am aware that I must give direct consent for my child to ride alone with an approved driver and that I will be notified of all departure and arrival times so I will have full knowledge of the whereabouts of my child.

"One on One" release:

- Yes, I do give my permission
- No, I do not give my permission

for my son/daughter to meet with a youth group leader in a one on one meeting as long as the following guidelines are observed: I must be notified prior to the meeting and meetings must occur in the church or a public setting. If the meeting takes place on church property, another staff, volunteer or staff will be present on the premises at all times. The meeting will remain as open as is comfortable for the youth (i.e. a door ajar, curtains or blinds open, including someone of the same gender of the youth).

Permission is granted from September 1, 2015 through August 31, 2016 or until I request to change this release.

Parent/Guardian Signature _____ Date _____