

**ARCADE CHURCH 2014 PERMISSION SLIP, LIABILITY RELEASE,  
MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT**



Participant's name (please print): \_\_\_\_\_ Birth date: \_\_\_\_\_  
month/day/year

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions (e.g., asthma, diabetes, hemophilia, epilepsy, allergies, etc.): \_\_\_\_\_

Medications Instructions \_\_\_\_\_ Type \_\_\_\_\_ Dosage \_\_\_\_\_  
(please attach additional sheet if needed)

Health Insurance Co.: \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Policy/Subscriber No.: \_\_\_\_\_ Group/ID No.: \_\_\_\_\_

I expressly consent to the participant's involvement in all activities and events on \_\_\_\_\_ 2014, including, but not limited to, recreational activities, trips, travel, and activities related to missions. The participant agrees to comply with all rules and policies for each activity and event.

I understand that participation in each activity and event involves inherent and other risks of **INJURY** and **DEATH**. In consideration for the participant being permitted to be involved in the activities and events \_\_\_\_\_ 2014, **I AGREE TO RELEASE** Arcade Church and its pastors, elders, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors-in-interest, and assigns (collectively "PROVIDERS") **from all liability, in excess of the applicable limits of any insurance providing coverage to PROVIDERS, for injury, death, and property loss and damage that arises out of or results from the activities and events, including all liability which results from the NEGLIGENCE of PROVIDERS, or any other person or cause.**

I authorize any person connected with Arcade Church or any activity or event to administer first aid to the participant, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's well-being, at my expense. I authorize the supervisors in the youth department to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expenses of my youth being sent home because of a disciplinary action.

I agree to submit any claim or dispute that arises out of or results from any activity or event or this agreement to mediation and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

Continues on other side

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT.**

Participant's Signature: (If over 18) \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Legal Guardian:** If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_