

ELEVEN:18 PARTICIPATION WAIVER AND RELEASE

BASIC INFORMATION

Minor Participant Info

Name: _____ Cell Phone: _____ Home Phone: _____

Male Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthday: _____ School: _____ Graduation year/Grade: _____

Parent/Guardian Info

Parent/Guardian 1

Name: _____ Legal Relationship: Father Mother Legal Guardian

Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian 2

Name: _____ Legal Relationship: Father Mother Legal Guardian

Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Student lives with: Both Parents Mother only Father only Shared custody Other: _____

ALTERNATE EMERGENCY CONTACT

Name: _____ Relationship: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

HEALTH HISTORY AND INSURANCE

Medical Insurance Carrier: _____

Policy #: _____ Group #: _____

Carrier Address: _____

Name of Insured Person: _____ Date of Birth of Insured: _____

Insured Person's Place of Employment: _____

Name of Family Physician: _____ Phone: _____

Name of Dentist/Orthodontist: _____ Phone: _____

HEALTH HISTORY: (CHECK. GIVE APPROXIMATE DATES)

Conditions:

- Frequent Ear Infections
- Diabetes
- Bleeding Disorders
- Heart Defect/Disease
- Asthma
- Mononucleosis
- Seizures
- ADD/ADHD
- Chicken Pox (or vaccine: _____)
- Measles (or vaccine: _____)

Allergies:

- Hay Fever
- Penicillin
- Ivy Poisoning, etc.
- Insect Stings
- Food (specify): _____
- Drugs (specify): _____
- Other: _____

Chronic/recurring illness/medical conditions, including mental illness (depression, anxiety, etc.): _____

Dietary Restrictions: _____

Current Medications: (List prescription, OTC & herbal; attach another page if necessary)

Medication Name: _____ Dosage: _____ Purpose: _____

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Any other information you feel Eleven:18 Leadership should know in advance: _____

Blood Type (if known): _____ Immunizations Current? Yes No Date of Last Tetanus: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

WAIVER, RELEASE, AND ASSUMPTION OF RISK

I (We) acknowledge that my child's participation in Fellowship Community Church activities is voluntary and may require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings, and other activities in the *Permission Slip and Acknowledgement of Expectations*. I (We) acknowledge that my child's participation in any Fellowship Community Church youth activity presents risks that I or my child may suffer including, but not limited to, damage to personal property, financial damage, emotional injury, illness, bodily injury, or death. I (We) hereby assume those risks. And, in consideration of my child's being allowed to participate in the Fellowship Community Church youth program activities, I (we) agree and take the following actions for me and my child:

I (We) waive, release, and discharge Fellowship Community Church, it's pastors, directors, officers, members, employees, volunteers, representatives, subcontractors, and agents from any and all claims for: (A) Financial losses, including (but not limited to) insurance deductibles and medical expenses, that we as parents or guardians must pay as a result of injury or illness arising out of activities sponsored by Fellowship Community Church; (B) Damage, destruction, loss, or theft of personal belongings of the minor participant or parents of the same; and (C) Any claims or liabilities that I (we) may assert as parents for loss of consortium, death, or personal injury, which arise out of or relate to my child's participation in Fellowship Community Church's youth activities; and, to the extent allowable by law, all similar or identical claims that my child may assert. Notwithstanding any of the foregoing, Fellowship Community Church is not released from any claims or liabilities that are caused solely by Fellowship Community Church.

I (We) agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein.

I (We) indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions.

I (We) agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any inaccuracy on the *Basic Information* form, the *Health History and Insurance* form, or the insufficiency of my legal authority to act for an on behalf of the minor in the execution of the *Waiver, Release and Assumption of Risk* form, the *Medical Treatment Authorization* form, or the *Permission Slip and Acknowledgement of Expectations* form.

I hereby execute this document for and on behalf of the minor named herein:

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

MEDICAL TREATMENT AUTHORIZATION

My (Our) child will be attending and participating in activities with Fellowship Community Church, which will take place on and off of the church campus, and which are described in the *Waiver, Release and Assumption of Risk* form and notifications from Fellowship Community Church (each an "Activity").

If, during such an activity, myself, other guardians, or my child's alternate emergency contact are unable to consent at the time due to incapacity, injury, illness, or absence, I (we) hereby authorize Pastor David Carter and his designated leaders or volunteers who will be supervising activities at the Activity to consent to medical care or dental care, or both, for me. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of, or to be rendered by, a physician and surgeon. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis, or treatment and hospital care by a dentist.

I give this authorization in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her designee to exercise his/her best judgment regarding what is advisable for me upon advice of such physician, dentist, and surgeon. Every effort will be made to reach the minor's parent or guardians to appraise them of any medical emergency.

I give my permission to the staff to use the information provided in this form in connection with my child's participation in Fellowship Community Church youth activities and to disclose it to any health care provider, hospital, or other health care facility in connection with the provision of medical care for my child.

I give my permission to the staff to render emergency first aid (including, but not limited to, cardiopulmonary resuscitation or the Heimlich Maneuver) if necessary.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

PERMISSION SLIP AND ACKNOWLEDGEMENT OF EXPECTATIONS

From **August 1, 2017 to July 31, 2018**, my child has permission to attend all Fellowship Community Church sponsored youth activities as listed in calendars and/or Fellowship Community Church news, including but not limited to the following: dodgeball, cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, broomball, laser tag, volleyball, softball, baseball, ice-skating, downhill skiing, snow-boarding, camping, hiking, biking, concerts, golfing, miniature golf, hayrides, and Bible studies.

I acknowledge these rules of conduct expected from each participant and parent:

- Respect one another, staff, and leaders (adult and youth)
- Respect property
- No fighting, weapons, fireworks, or explosives
- No youth are permitted to drive for events
- No offensive or immodest clothing
- No alcohol or drugs (including marijuana)
- No boys in girls sleeping quarters & vice versa
- Respect and comply with event schedules
- Participation with the group expected

I and my child acknowledge that misconduct may result in transportation home from an activity at the parent's expense. A student dismissed for a disciplinary reason will not receive a refund of any activity fee. My child and I agree to follow the instruction of the pastor, leader, or volunteer who has been delegated leadership authority.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

PHOTO/VIDEO RELEASE

I understand and authorize that my child's image may be photographed or filmed and used in Fellowship Community Church presentations, printed publications, website, and photo directories.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

**this form will be placed on file as long as your child is a part of this ministry. We will update it each year or replace it if information changes, and destroy it upon written request.*