

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by Addisville Reformed Church for participation in ALL YOUTH TRIPS AND ACTIVITIES FROM **SEPTEMBER 2019 through SEPTEMBER 2020**, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Addisville Reformed Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned does hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Addisville Reformed Church.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years): We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in ALL TRIPS AND ACTIVITIES FROM **SEPTEMBER 2019 through SEPTEMBER 2020**, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(PRINTED NAME of Participant)

(Parent or Guardian's Signature)

Hospital insurance Yes No

Insurance company: _____ Physician: _____

Policy Number: _____ Physician's Phone: _____

List any allergies or special medical problems your child may have:

TRIP PARTICIPANT ONLY: I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

(Participant)

PARENTAL CONSENT FORM

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Addisville Reformed Church between **September 2019 and September 2020**. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general and special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Addisville Reformed Church.

(Parent or Guardian's Signature)

PLEASE COMPLETE OTHER SIDE

INFORMATION

Name _____ Age _____ Birth Date _____

Address _____ Phone (____) _____

School _____ Grade in or just completed _____

Parent/Guardian(s) phones: _____

Parent/Guardian(s) emails: _____

ACTIVITY PARTICIPATION PHOTOGRAPHIC RELEASE FORM

Read before signing: During activities with Addisville Reformed Church, pictures and video are taken of the participants. And in some cases, these media forms are used to promote and/or inform others about the activities that have taken place. This may include our website, brochures, videos, or other media that the church decides to use. Care is always given to show appropriate material, but we cannot control how others will use this information. This is especially true with the rising usage of web-related material.

By signing below, you are acknowledging that pictures and/or video may be taken of you and your child, and you are giving Addisville Reformed Church permission to use them in various media presentations. You also understand the risks involved, and except for gross negligence on the part of the church, the participant (or parent/guardian) agrees to hold harmless the Addisville Reformed Church for any outcome that results from the materials being used. If a dispute over this agreement or any other claim for damage arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

However, if you do not sign below, you understand that pictures and/or video will still be taken, but we will not use the pictures in brochures, on our website, or in any future mailings.

I, _____, understand that in participating in this activity, pictures and/or video may be taken of me. I give my permission for Addisville Reformed Church to use these various media forms in their publications and on their website.

Signature: _____ Date: _____
(Participant or Parent/Guardian if Participant is a minor)

BEHAVIOR CONTRACT

The following are rules that all participants are expected to follow while participating and representing Addisville Reformed Church in any trip or activity that the church takes part in:

I, _____ WILL:
(PRINTED NAME of Participant)

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in the event, including but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure times.
- Not have in my possession any tobacco, alcohol, or any controlled illegal substance.

I agree that if any of these terms are violated, the Youth Director can send the Participant home at Parent or Guardian's expense.

(Participant Signature)

(Parent/Guardian Signature if Participant is a minor)

PLEASE COMPLETE OTHER SIDE