

Sunset Ridge Church of Christ Student Ministries

Participation, Release, Waiver & Indemnity Agreement

STUDENT'S NAME _____ GENDER _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ GRADE _____ DATE OF BIRTH _____
(Fall 2017)

I, the undersigned, give permission for my son or daughter to participate in the activities of Sunset Ridge Church of Christ. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur. I assume all inherent risks and any other ordinary risks incidental to the nature of these activities which are not specifically foreseeable. I understand that this means I am personally financially liable for any injury that may happen during the course of activities, and the treatment thereof.

Although Sunset Ridge Church of Christ has taken reasonable steps to provide safe activities, we remind you that these activities are not without risk. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless Sunset Ridge Church of Christ, its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any Sunset Ridge Church of Christ related activity. This release does not apply to the intentional and/or willful acts of misconduct by Sunset Ridge Church of Christ or any of its officers, Board, agents or employees.

Should Sunset Ridge Church of Christ, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold Sunset Ridge Church of Christ harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Sunset Ridge Church of Christ on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent or guardian's signature _____ Date _____

Print name _____ Relationship to child _____

(You may sign your own release if you are 18 or older)

(TURN OVER)

Authorization of Consent for Emergency Medical Treatment

I/We the parent(s)/guardian(s) of _____, do hereby authorize the person or persons representing the Sunset Ridge Church of Christ of San Antonio, Texas, as agents for the undersigned to consent to any x-rays examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon 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 office or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

It is understood that parents or guardians are responsible for all costs not covered by church insurance, if applicable?

A photocopy of this consent is valid and may be used in place of the original.

(Signature of Father, Mother, or Legal Guardian) (Date)

(Father's full name) Cell Phone _____ Work Phone _____

(Mother's full name) Cell Phone _____ Work Phone _____

Does your student have health insurance? yes no (circle one)

All minors must have health insurance to go to camp or on a mission trip. If your child does not have medical insurance a temporary policy must be purchased.

Doctor _____ Phone _____

Insurance company _____ Subscriber _____

Subscriber # or Medical Record # _____ Group # _____

Specific information instructions for filing insurance or for medical staff: _____

Date of last tetanus shot: _____

Name, dosage, and frequency of any medications that must be taken regularly, or as needed: _____

Allergies/Medical Problems: _____

I authorize the person or persons in authority to administer Tylenol as deemed necessary. yes _____ no _____