

# 2025–2026 River Life Youth Ministry Event Waiver Form Participant’s Registration, Medical & Liability Release Form

This form must be filled out completely and signed by parent/legal guardian if participant is under 18 years old

## PARTICIPANT INFORMATION

Name of Student (Participant) \_\_\_\_\_ Gender:  Male  Female  
first last

Home Address \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address City State Zip month day year

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

I understand participation in all programs and events of River Life Covenant Church (RLCC) is a privilege. By completing and signing this form, we (participant and parent/guardian) request participation in RLCC activities held from June 1, 2025 - September 30, 2026. Furthermore, we agree to follow the rules of participation and accept the interpretations and decisions made by the ministers, leaders, employees and other agents.

**Voluntary Release - Assumption of Risk and Indemnity Agreement:** We hereby release, discharge, and covenant not to sue RLCC, it’s ministers, leaders, employees and participating and sponsoring and supporting agencies and its agents, representatives, officers, their representatives, successors, and assignees, directors, staff, workers, participating volunteers, and all other hosts (herein collectively referred to as “releasees”) from all claims and liability arising out of strict liability or ordinary negligence or hold harmless and cover releasees for all claim judgment(s) or expense(s) that may incur arising out of my child’s participation in RLCC activities. We understand that participation in activities contains certain risks of injuries; that there will be activities held indoors and outdoors and that there is inherent risk in doing so which we voluntarily assume, because we choose to do so. We further know that other participants may pose a risk as there may be physical activities. We voluntarily elect to accept all risks connected with participation.

**Media Consent and Release Liability Statement:** I, the undersigned, hereby give permission to the release of participant information about or relative to the participation in RLCC activities and give releasees and authorized media consultants permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media to be used in connection with promotion, training and public awareness of RLCC through various community and social media outlets (i.e., radio, TV, web, recordings, displays, printed and digital publications, and other types of media.) and other purposes deemed appropriate by releasees. I understand and agree that all media is the exclusive property of RLCC and there will be no compensation or remuneration for participation in RLCC activities. RLCC, its releasees and its media consultants shall have the right to reproduce, use, display, and disseminate in such manner as they see fit, without obligation of any kind to any person. I understand the Media Consent and Release Liability statement and its terms and conditions.

**Transportation Release:** I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

**Discipline Release:** In the event of misconduct, I authorize RLCC and its releasees to send my youth home at my expense.

**Personal Belongings Release:** I realize and accept that the church or its sponsors are not responsible for personal belongings.

**Medical Consent:** I, the undersigned, hereby give consent in advance to RLCC and its designated releasees and to the physicians or hospitals selected by them to have my youth (participant listed above) treated by a physician or surgeon in case of sudden illness or injury while participating in RLCC activities; including, but not limited to, authorization and consent for hospitalization, diagnosis including taking specimens, and x –ray examination, giving blood transfusions, and medications, medical anesthetic, and/or surgical diagnosis rendered under the general or special supervision of any member of the medical/dental staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It’s understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and poser to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It’s understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the civil code of the State of California. By signing this agreement, I allow the releasees the right to consent for treatment of the participant listed above. It does not release signee of liability from medical cost arising from said treatment. The releasees do not assume liability of said cost and is not liable for any complications arising from said treatment and will provide no medical insurance for such treatment. If a personal physician is listed, every effort will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel. I understand that the releases and organizers have full responsibility to make medical or other necessary decisions and that I will be held responsible for any damages resulting from my child’s behavior.

**CHECK the box below** and provide a written explanation of all of the participant’s medical restrictions [i.e., diabetes, allergies to medications and/or foods, heart problems, asthma, regular medication(s), etc.]. You are responsible to provide copies of all prescription labels which identify medications and dosages on a separate document. It is strongly recommended for the participant to carry a medical card at all times.

- The attached document(s) provide an explanation of all of the participant’s medical restrictions. I have copied all prescription labels which identify medications and dosages. [Feel free to use the space below for any additional notes and/or comments.]

Date of Last Tetanus Toxoid Booster participant received (Participant may still receive a booster if a medical emergency warrants it):

## MEDICAL INFORMATION

Participant's Name			
Health Insurance Carrier		Policy Holder's Name	
Health Insurance Phone		Relation to Participant	
Medical Group # / Policy #			
Family Physician's Name		Family Physician's Phone	

<b>Medications to be taken (list with directions)</b>	<b>Medication Allergies? List if any</b>

<b>May be given as necessary</b>	<b>Any Restrictive Activities? List if any</b>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Aspirin</td> <td style="width: 15%;">Yes _____</td> <td style="width: 15%;">No _____</td> </tr> <tr> <td>Tylenol</td> <td>Yes _____</td> <td>No _____</td> </tr> <tr> <td>Ibuprofen</td> <td>Yes _____</td> <td>No _____</td> </tr> </table>	Aspirin	Yes _____	No _____	Tylenol	Yes _____	No _____	Ibuprofen	Yes _____	No _____	
Aspirin	Yes _____	No _____								
Tylenol	Yes _____	No _____								
Ibuprofen	Yes _____	No _____								

## EMERGENCY CONTACT INFORMATION

<b>[1]</b>	Contact's Name	Phone	
	Relation to Participant	Adl. Phone	
	Email Address		
<b>[2]</b>	Contact's Name	Phone	
	Relation to Participant	Adl. Phone	
	Email Address		
<b>[3]</b>	Contact's Name	Phone	
	Relation to Participant	Adl. Phone	
	Email Address		

I have read and will abide by the guidance, rules, and regulations of this document and understand it is a release of all claims; assume all risk inherent in participation. I understand that RLCC and its designated releasees will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency. I release RLCC and its designated releasees affiliated with RLCC activities from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property. I voluntarily sign below evidencing acceptance of the above provisions. This agreement shall apply to any accident occurring during a RLCC event and to any accident occurring within a period of two (2) years after the execution of this agreement.

<b>Parent's/Guardian's Signature</b>	Date
Print Parent's/Guardian's Name from above	Affiliation to Participant