

2018 Rivers of Life Summit Signup Form

Student Name: _____ **Age:** _____ **Current Grade:** _____

Birthdate _____ **Male/Female:** _____

School Name: _____

Home Church Name: _____

Allergies/Special Needs/Medical Conditions/etc: _____

Parent/Guardian Name (1): _____ **Relation to Student:** _____

Cell: _____ **Texting ok?** Y ___ N ___ **Emergency Contact:** Y ___ N ___

Parent/Guardian Name (2): _____ **Relation to Student:** _____

Cell: _____ **Texting ok?** Y ___ N ___ **Emergency Contact:** Y ___ N ___

Email: _____

Other Emergency Contact: _____ **Relation to Student:** _____

Emergency Contact Phone: _____ **Texting ok?** Y ___ N ___

Student Name: _____

Health Insurance Provider: _____

Insurance Under Guardian Name: _____ Group: _____

Policy Number: _____ Date of last Tetanus shot: _____

Any Medication allergies? If so list them: _____

Physician's Name: _____

Physician's Group: _____

Physician's Phone Number: _____

List of Current Medication and dosage: _____

Permission for Publicity

To help promote Rivers of Life, staff and participants will often take photos and videos to share on various forms of social media, communication, or publicity. I give my consent for my child named above to be in any such media.

_____ I do give my permission for publicity _____ I do NOT give my permission for publicity

Parent/Guardian Signature

Date

Student Name: _____

Release of Responsibility

By signing this waiver, I grant my student permission to participate and engage in the Rivers of Life Presbytery Youth Retreat (The Summit) activities and events. My student is physically and mentally able to participate in these activities, unless I have previously discussed it with a chaperone of my sending congregation. I acknowledge that there are certain risks involved in the activities and events and will discuss them with my student as these activities and events occur.

I release the Rivers of Life Presbytery, its member congregations, affiliates, volunteers and employees of all responsibilities for any injuries to body or property, which unfortunately may occur to my student during the course of these activities. In the event of an emergency in which I or an alternate contact cannot be reached, I authorize the approved adult leaders of my sending congregation and the Rivers of Life Presbytery to make medical decisions for my student and to administer first aid if deemed necessary until first response members arrive.

I further agree to indemnify and hold harmless the Rivers of Life Presbytery and its affiliates, volunteers and employees of any and all claims arising from the participation of my student in activities or as a result of injury or illness of my student during such activities.

I represent that I am the parent/guardian of _____, and I have read the *Release of Responsibility* section of this form and I am fully aware of its contents. I will ensure that my student obeys the rules set forth by the Rivers of Life Summit Conference staff. I also understand that students will be housed according to biological birth gender. I give permission for the student named above to participate fully in the events and activities the Summit Conference.

Parent/Guardian Signature

Date