



Consent and Liability Release Form for Church Activity

Please note that you do NOT need to fill this out if you have already filled it out for the 2017-18 school year.
Please fill out a separate form for each of your students.

Contact Information

Participant's Name _____ Date of Birth _____ Grade _____

Participant's Address _____ Home Phone _____

_____ Student Cell Phone _____
(if you want to get texts about our events)

Parent's Name _____ Parent's Cell Phone _____

Parent's Email _____

Additional Emergency Contact _____ Emergency Contact Phone _____

Relationship to Participant _____ Emergency Contact Cell Phone _____

Insurance and Medical Information (Optional)

Primary Physician's Name _____ Insurance Policy # _____

Primary Physician's Phone _____ Insurance Group # _____

Primary Dentist's Name _____ Insurance Phone # _____

Primary Dentist's Phone _____ Preferred Hospital _____

Please list any known medical conditions/allergies _____

Please list all current and ongoing medications _____

Please notify us of any changes to this information.

PARENT/GUARDIAN AGREEMENT: We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in all Vineyard Christian Church of Pataskala sponsored events from September 1, 2017 through September 30, 2018 with exceptions listed below. We, as parents or guardians, have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities. We have also been advised that we are able to cancel the consent and release prior to the end of the specified time.

The above named participant is NOT permitted to participate in the following activities that have been marked with an X on the corresponding line:

- _____ Athletics or Athletic limitations (explain) _____
- _____ Watching movies rated _____ or above
- _____ Being driven by someone younger than _____ years of age
- _____ Swimming
- _____ Other _____

We understand that in the unlikely event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by The Vineyard Christian Church of Pataskala through it's accident policy will be used as a backup for what my family's insurance does not cover.

I authorize the Vineyard Christian Church of Pataskala to furnish any necessary transportation, food, and lodging for this participant.

MEDIA WAIVER

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the youth during the activities attended by them to be used or shown, as VCC deems appropriate.

Initial in this box if you **DO NOT** consent to the media waiver.

I UNDERSTAND AND HERBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit, and forever discharge the Vineyard Christian Church of Pataskala and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death. I understand that transportation may be provided by church bus, church van, rental vehicles, adult leader vehicles, etc. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Ohio and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Parent signature _____ Date _____