

ACT4Christ
Assumption of Risk, Consent, Waiver and Release Form

(Must be completed for all youth under the age of 18)

Print Name (Last, First): _____ Birthday: _____ M/F _____

School: _____ Email: _____

Address: _____

City: _____ Zip: _____

Phone: Day (_____) _____ Evening: (_____) _____

Mother (Last, First): _____ Father (Last, First): _____

List any restrictions on activity ("Restricted Activity"): _____

List any allergies to:

Food: _____

Drugs: _____

Explain any medical needs/conditions that we should be aware of: _____

I have voluntarily enrolled my child (named above) in the ACT4Christ Youth/College Group ("Youth/College"), sponsored by the Chinese Christian Church of Thousand Oaks ("CCCTO"). This Assumption of Risk, Consent, Waiver and Release inures to the benefit of CCCTO, and all officers, employees and agents of CCCTO ("Released Parties" or, in the singular, "Released Party"), in consideration of the benefits of participation in the Youth/College Group and its activities.

I understand that my child's participation in the Youth/College Group presents an inherent risk and in consideration of my child being allowed to participate in the Youth/College Group, I (on behalf of myself, my child and all guardians, representatives, next of kin and assignees of any of us) expressly assume all risks, including personal injury and death, arising in any way out of my child's participation in the Youth/College Group. In addition, I understand that no Released Party can ensure that my child will not (a) perform a Restricted Activity, (b) ingest a product containing one or more of the food or drug allergens noted above, or (c) otherwise perform an activity that contravenes any medical needs/conditions that my child may have. I (on behalf of myself, my child, and all guardians, representatives, next of kin, heirs and assignees of any of us) assume the risk that this will occur.

In the event of a medical emergency, I hereby give permission to CCCTO and/or its agents to select transportation, a medical provider who may provide treatment, order injections, anesthesia, or surgery for my child as deemed necessary and assume the risk of illness, injury or death resulting from them (or their omission).

I release and waive any claim against Released Parties, and agree to hold them harmless from any liability (including liability for negligence) should illness, injury or death occur. I further understand and agree that if a claim, suit, or attachment is brought or sought against me as a result in any way of my child's participation in the Youth/College Group, that I shall not be entitled to any defense or indemnification by CCCTO in connection with such claim, suit, or attachment.

This Agreement shall remain in effect from **October 1, 2018 to September 30, 2019.**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK, CONSENT, WAIVER AND RELEASE. I PROMISE NOT TO SUE OR MAKE A CLAIM, AND I SIGN THIS OF MY OWN FREE WILL ON MY OWN BEHALF AND THAT OF MY CHILD.

Parent or guardian name (Please print): _____

Parent or guardian's signature: _____

Emergency Contact Name: _____

Primary Care Physician Name: _____

Insurance Company: _____

Insured's Name: _____

Today's Date: _____

Emergency Phone: _____

Phone: _____

Group #: _____

Policy #: _____