

Church at Rock Creek Waiver and Medical Release

Name of Student: _____

Student Address: _____

Student Social Security: _____

Name of Event: Beach Trip 2019, June 9-14, 2019

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify The Church at Rock Creek and its staff (employed and volunteer) from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my child's participation in The Church at Rock Creek's activities revolving around the activity. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the staff (employed or volunteer) of The Church at Rock Creek.

I have read the above waiver and release and by signing it agree it is my intention to exempt and relieve The Church at Rock Creek from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

Signature: _____ (parent or legal guardian)

Date: ____ / ____ / ____

ASSISTANCE PERMISSION:

I hereby give my permission for the church staff or sponsor to obtain and approve the services of a licensed physician for my child in the event of an emergency or any medical event where medical treatment is required.

Signature: _____ (parent or legal guardian)

Date: ____ / ____ / ____

Emergency Contact: _____

Phone: (____) _____ - _____

Insurance Company: _____

Policy #: _____

Please list any allergies or medical information necessary in the event of needed medical treatment. Please use separate page if necessary.

