



**INFORMED LETTER OF CONSENT**  
**for EASM'S MIDDLE SCHOOL RETREAT**  
**02/22/2019 – 02/23/2019**

**Details of the activity:** The Middle School retreat is an overnight event sponsored by Edgewater Alliance Church. Students will be driven by leaders to Orlando where they will stay in a hotel and participate in the Believe tour, sponsored by the organization CIY. Believe tour is a high-energy weekend experience that engages students with quality Bible teaching, professional live music and more! Students will be dropped off and picked up at Edgewater Alliance Church. The time of departure is 2:00 P.M. and the estimated time of arrival back to the church campus is 8:30 P.M. the following day. Students will be asked to call their parent/guardian responsible for picking them up 30 minutes prior to arriving back at the EAC campus. The following forms must be filled out prior to your child's participation in the event.

The cost of the event is \$125 and must be paid in full in order to reserve your child's spot. This cost covers all expenses related to the retreat including: travel, meals, and lodging in a hotel room. All students' room assignments will be based on their gender and grade level. In order to keep costs down, students of the same gender will be asked to share beds, but never under any circumstances will a leader share a bed with a student. Spots for the retreat will be reserved by completing the required forms and submitting them to EASM along with a \$50 nonrefundable deposit. The remaining balance must be paid in full no later than February 20<sup>th</sup>. Spots are reserved on a first come first serve basis.



Dear Parent or Guardian:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you with the details of the activity and request that you complete and sign the permission form.

**PERMISSION FORM AND CONSENT:**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

T-Shirt Size (adult sizes): (circle one) S M L XL Grade Level \_\_\_\_\_

Scholarship Needed: (circle one) Y or N *(limited number of partial scholarships available)*

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent's Work Number \_\_\_\_\_

Insurance Provider and Policy Number: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby consent to the participation of my/our child(ren) in this supervised activity.

While precautions are taken for the safety and good health of your child(ren), some sports, activities, and means of transportation carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at the church. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize a staff member of Edgewater Alliance Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless Edgewater Alliance Church, its personnel, its Directors, and board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Edgewater Alliance Church, as well as any medical treatment authorized by the supervising individuals representing Edgewater Alliance Church.

I have read, understood and agree with the above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





# Christ In Youth Medical, Discipline, Liability & Publicity Release Form

Make a copy for yourself and bring the ORIGINAL to registration

Event you will be attending:  SuperStart!  Believe  MIX  Move  Engage  Wildemess

Please check which one best describes your attendance:  Sponsor  Student  Youth/Children's Minister

Participant Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Grade (yr. in school) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant email \_\_\_\_\_ Home Phone \_\_\_\_\_ Graduation Year \_\_\_\_\_

Church You are Attending with (missions trip n/a) \_\_\_\_\_

City/State \_\_\_\_\_ Group Leader's Name (missions trip n/a) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies and Reactions \_\_\_\_\_ Medications Currently Taking \_\_\_\_\_

Parents/Legal Guardians Name (with whom you live) \_\_\_\_\_

Parent/Legal Guardian Phone: \_\_\_\_\_ Parent(s) email \_\_\_\_\_

Person to notify if parent/legal guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I, the participant or for those under 18 the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Christ In Youth Program. The individual identified on this form understands that all participants are required to abide by the Program rules and be directly responsible to the Christ In Youth Program Director. The Christ In Youth Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I hereby release and forever discharge a) Christ In Youth and its directors, officers, employees, Program Directors, agents and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with Christ In Youth Programs **WHETHER OR NOT SUCH CLAIMS, ACTIONS, DEMANDS, LIABILITY, COSTS OR EXPENSES ARE CAUSED BY THE NEGLIGENCE OR OMISSION OF ANY OF THE COVERED PARTIES.**

Further, I hereby agree to indemnify and hold harmless a) Christ In Youth and its directors, officers, employees, Program Directors, agents and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with Christ In Youth Programs **WHETHER OR NOT SUCH CLAIMS, ACTIONS, DEMANDS, LIABILITY, COSTS OR EXPENSES ARE CAUSED BY THE NEGLIGENCE OR OMISSION OF ANY OF THE COVERED PARTIES.**

Further, I do authorize the minister or sponsor of the Program, or any Christ In Youth staff member to take the participant to a doctor or hospital and I hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this Christ In Youth Program. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent, willful or intentional acts of the participant, including damages to the Program facility and/or keys not returned at the time of group checkout. I agree to pay for keys not returned at time of group checkout or damage done to any Program facility or Christ In Youth property by the participant.

For valuable consideration received, I hereby irrevocably grant to Christ In Youth, Inc. the worldwide, royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial. I understand that my participation makes me eligible to receive educational information and updates regarding ministry successes and opportunities.

If any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree this agreement will be governed by and construed in accordance with the laws of the State of Missouri without giving effect to the principles of conflict of law and the courts within Missouri will be the only courts of competent jurisdiction. I hereby irrevocably submit to the personal jurisdiction of the courts of Jasper County, Missouri.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions

Signature of Parent/Guardian for those under 18 (or Participant Named Above if 18+) \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_