

Annual Emergency Contact and Release Form

(Fall 2019 - Summer 2020)

Student's First and Last Name _____ **Grade** _____

I/We, the parent(s), on behalf of the above named student for whom I am legally responsible, accept the conditions and risks outlined in this waiver and release and consent to his or her participation in the activities that are a part of the regular church year and are sponsored by First Reformed Church (the "Church"). These activities include such things as summer events, small group outings, service projects, and regular ministry events. I represent and agree that:

1. I am legally responsible for the above identified minor or ward (the "Participant") who is a voluntary participant in the Activities and not an employee, agent or contractor of the Church.
2. I understand that this release is valid from September 1, 2019 through August 31, 2020, and covers all of the Activities provided to the Participant by the Church during this time.
3. I am aware that the information on this form may be used by the leadership of the Youth Ministry of First Reformed Church.
4. In consideration of Participant being permitted to participate in the Activities conducted by the Church, and other good and valuable consideration, I hereby assume all responsibility for and waive, release and discharge the Church, its members, ministers (both ordained and lay persons), officers, agents, employees, volunteers, contractors and other associates and representatives (hereinafter these individuals shall be included in the definition of the "Church") from any and all liability and claims of any kind whatsoever, for death, personal injury, loss of property or property damage Participant or I may have, or that may subsequently accrue to Participant or me, or to our respective heirs, executors, administrators or assigns, as a result of Participant's involvement in the Activities. I am aware of the potential hazards and risks to Participant associated with the Activities, such hazards and risks including, but not being limited to, injury or death by accident, weather conditions, and random acts of violence. I accept these risks on behalf of Participant with full awareness of these risks and knowing the only source of insurance available to Participant or me must be provided by me, and Participant and I are not relying on any insurance to be provided by the Church. Furthermore, I assume full responsibility for all medical bills, damages or other losses or any kind associated with any bodily injury, death or property damage due to the negligence of the Church while Participant is taking part in the Activities.
5. In addition to the above release, I further indemnify and hold the Church (as defined above) harmless from any and all personal injury, death, loss of property or property damage, or any other damages, relating to and arising from Participant's activity in the Activities.
6. I attest and certify that Participant has no known medical, physical, psychological or emotional conditions that would prevent him or her from participating in the Activities, except as stated on this form.
7. I authorize the Church, its representatives and all attending health care professionals (including but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to provide medical treatment, to hospitalize, anesthetize, or perform surgery on Participant as is required. I do release, acquit, discharge and covenant to hold harmless the Church, and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during the Activities. The Church and its representatives will incur no liability whatsoever while attempting to meet all medical needs Participant may require during the Activities. I agree to be responsible for all medical costs associated therewith.
8. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Iowa and that I intend this waiver and release will be binding on me, Participant, our family, estate, heirs, successors, assigns, insurers, medical providers, and personal representatives. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
9. I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release as my own free act. This is a legal document and I understand that I have the opportunity to consult with an attorney before signing it.

Parent/Guardian Signature _____
Printed Name _____

In witness whereof, I have executed this waiver and release on _____, 20____, and I understand this release will apply to the activities taking place from September 1, 2019 through August 31, 2020.

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Personal Contact Information:

Parent or Guardian Name: _____ E-mail address: _____

Cell phone number: _____ Home phone number: _____ or n/a

Home address: _____

2nd Parent or Guardian Name: _____ E-mail address: _____

Cell phone number: _____ Home phone number: _____ same or n/a

Home address: _____ or same

Participant's Birthdate ____ / ____ / 20____

Participant's E-mail address: _____ Cell phone number: _____ or n/a

Primary mailing address: _____ Home phone number: _____ or n/a

Emergency Contact Information:

Primary Emergency Contact: _____

Relationship to participant: _____ Emergency Phone: _____

Insurance Company: _____ Policy # _____

Physician Name and Phone Number: _____

List any known medical conditions or allergies and reactions: _____

Participant's Tetanus shots are up to date? Yes / No

Media release:

- ☐ Yes, I do give my permission
☐ No, I do not give my permission

for my son/daughter's image to be taken at any scheduled Youth Ministry activities of First Reformed Church. I furthermore agree that any image of my son/daughter may be used by the Youth Ministry leadership of First Reformed Church and may be published online or in print for use in publication and/or advertisement of the Youth Ministry of First Reformed Church.

Transportation release:

- ☐ Yes, I do give my permission
☐ No, I do not give my permission

for my son/daughter to be transported by the Youth Ministry leadership of First Reformed Church. I am aware that any driver will be at least 18 years old, approved by the supervisor, fully insured and licensed. I am aware that my youth will not be allowed to ride in the back of a pickup truck and will make use of all available safety restraints as required by law.

Advising release:

- ☐ Yes, I do give my permission
☐ No, I do not give my permission

for my son/daughter to meet with the Youth Ministry leadership of First Reformed Church for advisement in addition to regular scheduled ministry events as long as the following guidelines are observed: meetings occur in the church or a public setting. If the meeting takes place on church property, another person, volunteer or staff will be present on the premises at all times.

**Permission is granted from September 1, 2019 through August 31, 2020
or until I request to change this release.**

Parent/Guardian Signature _____ **Date** _____