

Rileyville Baptist Church
Activity Consent and Waiver Form

Event: **NEON NIGHT** Date: **August 18th -19th 7p-7a**

Location/Address of Event: **Rileyville Baptist Church**

Free Admission

Student Information

Student's Name: _____ Age: _____
Address: _____ City: _____ ST _____ ZIP _____
Parent /Guardian Name: _____
Parent /Guardian Phone Numbers:
Home: (____) _____ Work: (____) _____ Cell: (____) _____

Emergency Contact Person

Emergency Contact Name: _____ Relationship to Student: _____
Emergency Contact Phone Numbers:
Home: (____) _____ Work: (____) _____ Cell: (____) _____

Photo Consent (Circle One) Yes No

I agree to allow RBC to take, use, and reproduce any photographic image of said participant taken while participating in the activities or programs. These images may be used in promotion of events on flyers, the church website or other related material.

General Information

All participants are expected to behave in a manner that best represents RBC. As such, certain items and/or activities will not be permitted or tolerated and any person caught in violation of these rules will be sent home at their own expense and will not be given a refund. Such items/activities include, but are not limited to: possession or use of alcohol, any immoral sexual behavior, illegal drugs, or tobacco of any kind verbal or physical abuse, or any other rules established by RBC staff/volunteers or any other sponsor involved.

Medical Release and Waiver

All participants (and their parent/guardian if minor) must complete, attach, and submit a Medical Release and Waiver Form prior to the event you wish to attend. If your information is already on file with RBC and is up to date with your insurance information, you do not have to fill out the waiver again. Please confirm and initial if your medical release is up to date: _____

Participant

I have read and understand the rules and requirements stated above. With my signature, I acknowledge that I have discussed the rules with my parents and together we have agreed that I will abide by these rules and also agreed to the above mentioned penalties if I should break the rules. I also agree to abide by any other rules set forth by the sponsors of RBC and all other sponsors involved.

SIGNATURE OF PARTICIPANT

PRINTED NAME

DATE

Parent/Guardian Release (if participant is a minor)

I the undersigned parent/person having legal custody/legal guardian of the above-named minor give permission for the above named minor to participate in and travel with RBC on for the events for which we have registered for in and I understand that I will be informed of all such activities. *I agree to provide transportation back home for the above named minor if he/she is found in violation of the above listed rules.*

SIGNATURE OF PARENT/GARDIAN

PRINTED NAME

DATE

Rileyville Baptist Church
Medical Release and Waiver Form 2017

All participants (and their parent/guardian, if minor) must complete, attach, and submit a Medical Release and Waiver Form prior to the event you wish to attend. **I agree it is my responsibility to notify RBC in writing of any changes in medical information prior to any event, program, or activity.**

General Information
Participant's Name: _____ Date of Birth: _____
Address: _____ City: _____ ST _____ ZIP _____
Parent /Guardian Name (if participant is a minor): _____
Parent /Guardian Phone Numbers:
Home: (____) _____ Work: (____) _____ Cell: (____) _____

Emergency Contact Person
Emergency Contact Name: _____ Relationship to Participant: _____
Emergency Contact Phone Numbers:
Home:(____) _____ Work: (____) _____ Cell: (____) _____

Is Rileyville Baptist Church authorized to approve medical treatment in the event of an emergency? Yes. No.

Every attempt will be made to notify parent/guardian immediately of any medical emergency

Name of Medical Insurance Company: _____ Policy Number: _____

Subscriber Name: _____ Subscriber Number: _____

Family Doctor/Name of Practice: _____ Doctors Number: (____) _____

Employment: _____ Subscriber Occupation: _____

Date of Last Tetanus Shot: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause problems & explain:

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Stomach Upset Hay Fever

List any medicines or substances to which the participant is allergic (i.e...bee stings, pollen, peanuts, gluten, penicillin...etc.):

Does your child have any life threatening allergies? _____

List any previous operations or serious illnesses: _____

Is your child bringing any medication with him/her? Yes. No.

If yes, please list and state dosage: _____

Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of?

Yes. No. If yes, please explain? _____

Medical Release

I am confident that RBC, its leaders, staff, and volunteers, and sponsors, will take appropriate care of me, or my child if participant is a minor, and every effort will be made for mine/his/her safety. However, I understand that accidents do occur, and in the event of an emergency, every effort will be made to contact me immediately. If RBC is unable to reach me, they will contact the above-listed emergency contact next. In the event the church is unable to reach either person immediately, I do hereby authorize an adult leader of the activity, as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I also agree to reimburse any expenses not covered by the church's insurance.

Waiver of Liability

I, the undersigned participant, parent and/or guardian of said participant, do hereby waive and release, indemnify, hold harmless and forever discharge Rileyville Baptist Church and its agents, employees, and volunteers, of and from any and all claims, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or in equity, that I ever had or may have, arising from or in any way related to the participation of the above participant in any of the event, transportation to and from, and/or any other activities related to Rileyville Baptist Church, provided that this waiver of liability does not apply to any acts of gross negligence, willful, or wanton misconduct.

