

MEDICAL CONSENT FORM and LIABILITY RELEASE AGREEMENT



NAME OF PARTICIPANT: NAME: _____ AGE: _____

NAME OF PARENT/GUARDIAN (printed): _____

HOME ADDRESS: _____

TELEPHONE NO: _____ CELL PHONE: _____

In the event of accident, injury or illness involving any child of mine (specifically including my child, named above as the "Participant") or me or my spouse while in, on, or about the premises of BridgeTown Inc., or while participating in any activity sponsored by or under the auspices of BridgeTown Inc., under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment, and to indemnify, and hold free and harmless of and from any and all liability for such cost the assisting adult, BECAUSE PEOPLE MATTER officers, employees and members of said organizations.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

ALTERNATIVE PERSONS TO CONTACT:

NAME	RELATIONSHIP	PHONE NUMBER
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PRIMARY CARE PHYSICIAN:

NAME	PHONE NUMBER
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ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:

HEALTH INSURANCE CARRIER	INSURANCE ID NO.	NAME OF INSURED
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PHONE NO. FOR VERIFICATION

I agree that a photocopy of this consent, or a copy sent by fax, may be accepted by any health care providers. This consent shall be valid for one (1) year from the date of signing.

LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY OR MY CHILD'S REGISTRATION TO PARTICIPATE IN ANY EXPERIENCE OPPORTUNITY PRESENTED BY BECAUSE PEOPLE MATTER, RECOGNIZING THE RISKS ASSOCIATED WITH AN ACTIVITY OF THIS TYPE, THE UNDERSIGNED HEREBY WAIVES ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE AND HEREBY RELEASES BECAUSE PEOPLE MATTER. AND THEIR DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AND THE BECAUSE PEOPLE MATTER VOLUNTEERS AND SPONSORS, OF AND FROM ANY AND ALL CLAIMS, INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, WHICH I OR MY CHILD MIGHT HAVE, ARISING OUT OF MY CHILD'S OR MY OWN PARTICIPATION IN ANY AND ALL ACTIVITIES RELATING THERETO.

- MEDIA. By checking this box, I hereby grant permission to **Because People Matter**, the rights of my image, in video or still, and of the likeness and the sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

MIPC Youth | High School

Portland Transformation Trip 2020

February 18-22

Permission and Liability Release Form

Student Name: _____

Parent/Guardian Name: _____

PARENTAL PERMISSION & LIABILITY RELEASE: I/We give permission for our student (name listed above) to participate in the **Portland Transformation Trip**, February 18-22, 2020 with MIPC Youth Ministries. I/We wish to make clear our understanding that Mercer Island Presbyterian Church, Mercer Island, WA and the leaders of the trip are hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the church, staff, volunteer leaders, directors, and officers and hold them harmless from any claim or demand which might be asserted. I/we release and agree to defend and indemnify the child (name listed above) from any claim or demand which might be asserted in connection with such activities and events. I/we recognize the element of risk in any adventure, sport or activity associated with the outdoors and the urban environment. I/we am (are) fully aware of the risks and dangers inherent in our scheduled activity such as, but not inclusive, of: transportation to the camp/event, Service work, interacting with people on the streets, walking in an urban environment, consuming food truck food, and other community service activities. Knowing the risks and danger, I/we understand the possible consequences of participating in such activity are as follows: severe injury or death. By signing this release, I consent to my child's participation, and waive any and all claims that might arise out of such participation.

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL: In the case of medical emergency, I/We hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by a leader of this trip and efforts have been made to contact us. I/We assume full financial and legal responsibility for such care, and any financial charges incurred in the event of an emergency. In the event of medical treatment, all expenses will be directly billed by the medical provider to the family. If the medical provider requires payment at the time services are rendered for my student and MIPC advances such payment (with my acknowledgment that MIPC is not required to do so), I agree to reimburse MIPC for the full amount of such payment. Furthermore, it is my responsibility to update the MIPC Youth Emergency & Medical Information Form on file with any insurance, medical, or contact information.

Parent/Guardian Signature: _____ **Date:** _____

PAYMENT POLICY: A **non-refundable** deposit of \$100 will be required to reserve a place for any student. If at any time you decide to cancel your student's reservation, contact us immediately. Note that canceling prior to the event, or after all payments due, will require that you pay the *full balance*, as we contract a spot for your student with the camp that is non-refundable.

Parent/Guardian Signature: _____ **Date:** _____

PHOTOS/VIDEO: Photos and video may be taken at event and used for promotional purposes including, but not limited to, church website, brochures, etc.

Parent/Guardian Signature: _____ **Date:** _____