

RIVER OAK GRACE CHILDREN'S & STUDENT MINISTRY (Herein including OAKS, Grafted, and Rooted students)

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT/MINOR:

I, the undersigned, as parent or guardian of the afore-named minor, hereby agree to allow said minor to participate in activities which occur at OAKS/Grafted/Rooted activities and/or events.

Those activities may include, but are not limited to:

<i>cable ride</i>	<i>ice skating</i>	<i>Frisbee golf</i>	<i>movies</i>	<i>music concerts</i>
<i>archery</i>	<i>paint ball games</i>	<i>theater</i>	<i>Theme/amusement parks (Funworks,</i>	<i>swimming</i>
<i>boating</i>	<i>roller-skating</i>	<i>basketball</i>	<i>Disneyland ...)</i>	<i>rock-climbing, and other winter, summer</i>
<i>broom hockey</i>	<i>baseball batting cage</i>	<i>roller blading</i>	<i>Snow skiing/boarding</i>	<i>and water related sports and activities,</i>
<i>strenuous competition games</i>	<i>rappelling</i>	<i>creek walking</i>	<i>bikes</i>	<i>and other "field trips."</i>
<i>cross-country skiing</i>	<i>water skiing</i>	<i>volleyball</i>	<i>capture the flag</i>	
<i>snow tubing</i>	<i>night games</i>	<i>hiking</i>	<i>fishing</i>	

(2) I realize that unanticipated and unexpected dangers may arise during and associated with the above activities. I voluntarily agree to accept any and all risks of injury, death or damages of any nature resulting directly or indirectly from named minor's participation in these activities.

(3) In consideration of the benefits provided by River Oak Grace Community Church (ROG), I hereby agree that neither I, my successors, assigns nor anyone acting on my behalf will make claim against or sue ROG, its officers, agents or employees as a result of my participation in the activities set form above. In addition, I hereby release ROG, its officers, agents and employees from all claims or lawsuits that I, my successors, assigns or anyone acting on my behalf may now have or may hereafter at any time for injury of damage:

- (A) Resulting from the condition of any improved facility which as been reasonably maintained.
- (B) Resulting from the condition of any unimproved ROG facility.
- (C) Suffered by minor while participating in or traveling to and from the activities set forth above.
- (D) Suffered by minor in any other activity associated with the activities aforementioned. This release does not apply to intentional and/or willful acts of misconduct by ROG or any of its officers, agents and employees.

(4) Any controversy between the parties regarding a claim against ROG or the construction or application of this agreement shall be settled by mediation, and if necessary, legally binding arbitration in accordance with ROG grievance procedure. The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and/or activities engaged at ROG. The parties expressly agree to waive their right to file a lawsuit against one another in any civil court for such disputes except to enforce an arbitration decision.

(5) I understand that this agreement and release of liability is enforceable against me only as parent or guardian of the minor named on this form. This agreement and release of liability may not be enforceable against named minor when he becomes of legal age. Therefore, in further consideration for permitting named minor or participate in the activities listed above, I agree to defend ROG, its officers, agents, employees and volunteers against any claim or lawsuit for injury. This includes loss or damage arising from or in any way connected with named minor's participation in the activities, including any injury, loss or damage resulting from the condition of any facility or from negligence, carelessness or other acts of ROG, its officers, agents and employees. I also agree to reimburse ROG, its officers, agents and employees for any loss, damage, liability, cost or expense they suffer as a result of any such claim or lawsuit brought against ROG by the named minor.

(6) I hereby request any officers, employees, chaperones or ministry partner from River Oak Grace Community Church to carry out any discipline deemed necessary for my child/student due to misconduct. This includes, but is not limited to, possession or use of drugs or alcohol, disobedient or rebellious attitude, violence, vandalism, or inappropriate displays of affection. I also agree that, if necessary, I will pay the expenses of my child/student being sent home due to disciplinary action.

(7) In consideration of the right of the applicant to participate in said events, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all rights of privacy in and to any said photographs or videotapes. Please read the following statements and check the box:

I DO give permission I DO NOT give permission for you to photograph/video my child/student. Parent/Guardian initial here: (_____)

(8) I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and indemnity and that it is a legally binding contract between ROG OAKS/ Grafted/Rooted and me and I sign it of my own free will. The authorization shall remain effective until May 31, 2018 unless sooner revoked in writing delivered to said agent(s). In case of emergency, parents will be notified as soon as possible.

PARENT OR GUARDIAN'S SIGNATURE _____ **DATE** _____

Print Name _____ Relationship to child _____

(You may sign your own Release if you are 18 or older)

2017-2018 RIVER OAK GRACE COMMUNITY CHURCH - MEDICAL AND LIABILITY RELEASE

DATE _____

NAME _____ AGE _____ DATE OF BIRTH _____ Male Female
(Print Last Name) (First Name)

ADDRESS _____ CURRENT GRADE: _____

CITY _____ ZIP _____ HOME PHONE: _____

FATHER: NAME _____ ADDRESS _____ PHONE _____ WK PHONE _____ Cell _____

MOTHER: NAME _____ ADDRESS _____ PHONE _____ WK PHONE _____ Cell _____

FAMILY DOCTOR _____ CITY _____ PHONE _____

HEALTH HISTORY

ALLERGIES:

Foods Hay Fever Diabetes Physical Handicap Epilepsy or other
 Drugs Frequent Colds Frequent Stomach Other Allergies nervous disorder
 Insect stings Chronic Asthma Upsets -
 Other condition requiring daily medication _____ Date of last tetanus shot: _____

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions)

Name and dosage of any medications that must be taken:

Are the needed medications carried/ able to be self-administered? Yes No

Any swimming restrictions: Yes No Any activity restrictions: Yes No What restrictions?

Any other pertinent medical instructions:

If you have medical insurance, your carrier will be billed for medical charges in case illness or injury while your child is attending a River Oak Grace-sponsored event. Do you have Health Insurance? Yes No Please give name and contact information of insurance company.

Insurance Company _____ Policy Number _____ Group# _____

Policy Holder's Name: _____ Insurance company contact information: _____

MEDICAL RELEASE:

In the event of an emergency, I understand that I will be contacted as early as possible. In the event I cannot be reached in an emergency at the phone numbers as shown on this form, I hereby give my permission to the physician or dentist selected by River Oak Grace Community Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian on reverse side of this form is intended to serve as a medical release. A copy of this form will be in the possession of the responsible ministry leader at all OAKS/Grafted/Rooted events and activities. It is your responsibility as the parent or guardian to notify us of any changes to the information on this form.

REVERSE SIDE MUST BE FILLED OUT AND SIGNED!