

Endeavor

A High School Ministry of First Evangelical Church

WAIVER, RELEASE, INDEMNIFICATION AGREEMENT AND MEDICAL AUTHORIZATION

I wish to participate in recreational activities that will be available to participants at:

High School Ski Camp July 5 - 7, 2021

Including activities such as **paintballing, tubing, swimming, active indoor and outdoor games**, and / or other activities that may be hazardous or otherwise involve a risk of physical injury or death to participants (the "Activities").

I expressly assume any and all risks of injury or death arising from or relating to the "Activities" and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against *First Evangelical Church*, its corporate affiliates, contractors, vendor, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my voluntary participation in the "Activities". I understand that this Waiver, Release and Indemnification Agreement means, among other things, that if I am injured or die as a result of my participation in any of the "Activities", I and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries or death.

I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the "Activities". I understand and agree that I would not have been permitted to participate in any of the "Activities" had I not executed this Waiver, Release and Indemnification Agreement.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning, and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

IF YOU ARE UNDER 18 YEARS OF AGE, PARENT / LEGAL GUARDIAN SIGN HERE:

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms. I also agree to indemnify and hold harmless Releasees in the event that a court determines that any payment should be made to my child, notwithstanding the above release provisions. I authorize any of the Church's adult leaders to authorize necessary medical or dental care for my child in the event of an emergency.

Signature of Participant's Parent / Legal Guardian: _____

Print Name: _____ Date: ____/____/____
Last First Middle Initial

IF YOU ARE 18 YEARS OF AGE OR OLDER, SIGN HERE:

Signature of Participant 18 years old or older: _____

Print Name: _____ Date: ____/____/____
Last First Middle Initial

Are there any friends the participant (*i.e. student*) has come with? _____

FIRST EVANGELICAL CHURCH HEALTH, CONSENT AND RELEASE FORM

NOTE TO PARENTS / LEGAL GUARDIANS: First Evangelical Church wants your student's experience to be a safe and healthy one. However, in the unfortunate case of accident or illness we will need / require the following information:

Your Student's Emergency Contact Info, Medical History Info, & Medical Insurance info

Student's Name: _____ Grade Student will be in the fall: ____
Last First Middle Initial

Student's School: _____ Birthday: ____/____/____ Sex: ____ Age: ____

Student's Home Address: _____
Street Address City State Zip

Student's Emergency Contact information:

Student's Home Phone Number: ____-____-____ * If no home land line is available, mark here: ____

Name of Student's Parent(s) or Legal Guardian(s) giving First Evangelical Church / Endeavor permission to seek medical treatment for their student:

Parent / Legal Guardian # 1: _____

Parent / Legal Guardian # 1's Emergency Contact Cell #: ____-____-____

Parent / Legal Guardian # 2: _____

Parent / Legal Guardian # 2's Emergency Contact Cell #: ____-____-____

* If unable to reach Parents / Legal Guardians # 1 and 2, please notify:

Name: _____ Relation: _____

Emergency Contact Cell #: ____-____-____

Student's Medical History Information (please mark anything your student has or had in the past):

<u>Cronic or Recurring Conditions:</u>	<u>Sickness:</u>	<u>Allergies:</u>
____ Frequent Ear Infections	____ Chicken Pox	____ Hay Fever
____ Heart Defect / Disease	____ Measles	____ Poison Ivy, Oak, etc.
____ Diabetes	____ German Measles	____ Insect Stings
____ Bleeding / Clotting Disorder	____ Mumps	____ Penicillin
____ Hypertension	____ Other	____ Asthma
____ Mononucleosis	<u>Emotional Health:</u>	____ Other
____ Convulsions	____ Anger	
____ Epilepsy	____ Depression	
____ Other	____ Other	

* If you marked anything in the previous section, please explain below. Include dates when your student was medically diagnosed, as well as any other information that might be helpful for urgent care, hospital, or staff to know: _____

Please list any *over the counter or prescription* medications your student is currently taking: _____

Are there any other concerns that our staff should be aware of? _____

Name of Primary Physician: _____ Phone: ____-____-_____

Name of Orthodontist: _____ Phone: ____-____-____

Policy#: _____ Group#: _____

Activities your student cannot participate in: _____

*** ALL MEDICATIONS MUST BE SENT WITH YOUR STUDENT IN THEIR ORIGINAL CONTAINERS**

[illegible]