

## PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION FOR STUDENT MINISTRY ACTIVITIES OF ADVENTURE CHRISTIAN CHURCH

Please print clearly:

Participant's First Name		Last Name	
Street Address		City	Zip
Phone (      )	E-mail		
Date of Birth	Gender		Grade

In consideration of the services of Adventure Christian Church, their agents, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ACC"), I hereby agree to release and discharge ACC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that event activity participation entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I certify that I have been informed that, as a part of ACC's Student Ministry in Roseville, California, my child will be participating in a number of activities, which carry with them a certain degree of risk.
2. I expressly agree and promise to accept and assume all the risks existing in this activity. My child's participation in this activity is purely voluntary, and I elect to allow my child to participate, regardless of all risks. My child understands that all participants are expected to abide by the program/activity rules and be directly responsible to the ACC's designated leader(s).
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless ACC from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity, including any such claims which allege negligent acts or omissions of ACC.
4. Should ACC or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I understand that I am responsible for insurance for my child. I certify that I have adequate insurance to cover the cost of any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that my child has no known medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume, and bear the costs, of all risks that may be created directly or indirectly, by any such medical or physical condition.
6. In the event that I file a lawsuit against ACC, I agree to do so solely in the State of California (in Placer County), and further agree that the substantive law of that state shall apply in that action without regard to the conflict of laws of that State. I agree to first attempt mediation of any dispute.

### **PARTICIPATION RESTRICTIONS**

If you are opposed to your child participating in any of the following activities, please check the activity.  
(please note that some activities may require additional liability forms):

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Swimming        | <input type="checkbox"/> Sports/Games     | <input type="checkbox"/> Rock-Climbing | <input type="checkbox"/> Skiing       |
| <input type="checkbox"/> Recreational    | <input type="checkbox"/> Summer Conf.     | <input type="checkbox"/> Rope Courses  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Service Project | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Snowboarding  |                                       |
| <input type="checkbox"/> Hiking          | <input type="checkbox"/> Canoeing         | <input type="checkbox"/> Rafting       |                                       |

Parent / Legal Guardian's First Name		Last Name	
Street Address		City	Zip
Home Phone (      )	E-mail		
Cell Phone (      )	Work Phone (      )	Occupation:	
Alternate Emergency Contact – Name	Relationship	Phone (      )	

More on reverse side

**HEALTHCARE INFORMATION:**

**\*\*\* Please attach a front/back copy of your insurance card**

Physician's Name		Health Insurance Company	
Subscriber / Account Number		Member Services Phone Number (       )	Coverage (HMO, PPO, etc)
Date of Last Tetanus Shot	Does your Child have any allergies to Medication, Food, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes →		
Physical / Health Restrictions and/or Allergies for my child:			

**MEDICAL TREATMENT AUTHORIZATION:**

In case my child requires Emergency Medical Treatment I understand that I will be contacted immediately. I represent that I am the parent or Legal guardian of the Participant named on this form. I hereby authorize the administration of any medical treatment deemed necessary by Adventure Christian Church Staff and/or any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital. I realize that insurance protection is my responsibility. I hereby grant permission to ACC for my child to participate in all activities, except for restrictions listed in "Healthcare Information" and/or "Participation Restrictions" above.

- I also give my permission for ACC to restrict my child from participation in any activity that they have any question about for health or other reasons.

Parent/Guardian SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PHOTO RELEASE:**

It is my understanding that ACC may take digital pictures of my child, and I understand that ACC may use the images in any media for any purpose which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the images may be combined with other images, text and graphics, and cropped altered or modified. I hereby acknowledge and agree for ACC to use pictures/video of my child for these purposes.

Parent/Guardian SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ADDITIONAL UNIQUE INFORMATION PERTAINING TO MY CHILD:**

This form is valid until revoked by the Parent/Guardian who signed it. The Parent/Guardian is required to inform Adventure Christian Church Student Ministry immediately of any change in the information on this form.