

**RELEASE FROM RESPONSIBILITY,
ASSUMPTION OF RISK & WAIVER**

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE 7 HILLS CHURCH/CENTRAL YOUTH CONFERENCE, ITS EMPLOYEES, OFFICERS, DIRECTORS, TRUSTEES, AGENTS AND REPRESENTATIVES FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE CHURCH WHICH MAY ARISE FROM SUCH ACTIVITIES.

Activity Participation Agreement

Name of sponsoring organization: 7 Hills Church

Address: 7300 Turfway Rd. Suite 200 Florence, KY 41042

Telephone: (859) 371-9988

Date and location of activity: July 9 – July 12, 2019, Eastern Kentucky University

Description of Activities: Central Youth Conference.

The physical activities for this event include:

- | | |
|-------------------------------------|--|
| 1. Conference Worship Experiences | 16. Zorb Balls |
| 2. Water Park (water slides, pools) | 17. Kickball |
| 3. Rock Climbing Wall | 18. Foam Pits |
| 4. Basketball | 19. Dancing |
| 5. Soccer | 20. Water Balloon Fights |
| 6. Inflatables | 21. Glow Paint Fights |
| 7. Slip n Slide Kickball | 22. Transportation to and from the conference |
| 8. Indoor Swimming | 23. Transportation to and from the waterpark |
| 9. Volleyball | 24. Transportation to and from the kayaking/canoeing |
| 10. Flag Football | 25. Walking on the campus of Eastern Kentucky University |
| 11. Kayaking | |
| 12. Canoeing | |
| 13. Frisbee | |
| 14. Slip N Slides | |
| 15. Cornhole | |

Participant Information

(To be completed by participant or authorized guardian)

Name of participant: _____ Phone _____

Participant's Church: _____

Participant's Youth Pastor: _____

Emergency Contact: _____ Phone _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

PLEASE ATTACH A COPY OF THE CURRENT MEDICAL/INSURANCE CARD FOR THE PARTICIPANT

Participation Agreement

In consideration for the opportunity to participate in the above activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts all risks of injury, harm, damage or death associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts all personal financial responsibility for any injury, harm, damage or death sustained during the activity or during transportation to and from the activity. The Participant (or parent/guardian) understands and agrees that neither 7 Hills Church/Central Youth Conference, nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death that may occur to the Participant as a result of the participation in this activity and the Participant (or parent/guardian) hereby releases 7 Hills Church/Central Youth Conference, its trustees, officers, directors, employees, agents or representatives from any injury, harm, damage, or death that may occur to Participant while participating in the activity. Further, to the fullest extent permitted by law, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.

Participant (or parent/guardian) authorizes 7 Hills Church/Central Youth Conference through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for Participant as may be necessary should any injury, harm or accident occur through participation in this activity.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility, Assumption of Risk, and Waiver.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any duly licensed physician or dentist on the medical staff of a hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Central Youth Conference, 7 Hills Church, and all other participating churches. My youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

READ, UNDERSTOOD AND AGREED TO.

Signature: _____ Date: _____

Witness: _____ Date: _____

If participant is under the age of 18, his or her parent or legal guardian must also sign:

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

Signature of Parent or Legal Guardian

Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness)

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name: _____

Nickname: _____

Home Address: _____

Home Phone: _____

DOB: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers in best order to be reached:

Primary Phone Number: _____

Other Phone Number(s): _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____

Relation: _____

Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s): _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Central Youth Conference/& Hills staff is NOT responsible for any medication and will not hold any medication for the youth. **All medication must be in the original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian’s expense if they do.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

Over-the-Counter Medication Permission: Do you give permission for your youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.

Parent signature _____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.