

2009 Valley View Christian Church Student Event Form
Liability, Discipline & Medical Release Form

Participant Name _____ Male Female

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell _____

School _____ Grade _____

Health Insurance Company _____ Policy Number _____

Known Allergies & Reactions _____

Medications Currently Taking _____

Parent/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian: _____

Cell Phone _____ Parents email _____

Person to be notified if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

I acknowledge that my child's participation in the youth organization is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to, athletic games, camps, retreats, missions, indoor/outdoor activities, and events. I acknowledge that my child's participation in the youth activities presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's participation in the organization's youth program activities, I agree to the following: No alcohol, drugs, tobacco permitted Participation with the group is expected No one of the opposite sex allowed in sleeping quarters Respect one another, staff, and adult leaders Respect property Respect and comply with event schedule No students permitted to drive for events No offensive or immodest clothing. No fighting, weapons, fireworks, explosives, or lighters permitted

FAILURE TO COMPLY WITH THESE EXPECTATIONS COULD RESULT IN YOUR CHILD BEING SENT HOME AT YOUR EXPENSE.

The organization is not responsible for personal belongings.

I consent to have photographs taken of my student during the organizations activities and events.

The pictures may be used for promotional use. Students are required to wear seat belts while riding in church provided transportation other then rental buses. Students are responsible to keep their seat belts on while in route to and from events. Inappropriate conduct will result in transportation home at parent's expense.

I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors, and assigns: A) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for personal injury damages of any kind, and/or death that may occur due to my child's participation in the activities provided by the youth organization of Valley View Christian Church and its employees/volunteers. B) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein, and C) I INDEMNIFY AND HOLD HARMLESS the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. D) I AUTHORIZE AND CONSENT to my medical treatment including but not limited to medical/health, or dental care, or both for my child that may be needed during any events, camps, or missions, and further authorize John Carlock and his officers, agents, servants, or employees who are 18 years of age or older to receive physical custody of my child upon completion of any treatment, and specifically instruct any treating health facility to surrender physical custody of my child to John Carlock, and his officers, agents, servants, or employees who are 18 years of age or older who supervise the activities of camps, missions, and events.

I HEREBY ASSUME THE RISKS OF MY CHILD'S PARTICIPATION IN ALL VALLEY VIEW CHRISTIAN CHURCH'S YOUTH ACTIVITIES, INCLUDING CAMPS, MISSION TRIPS, ALL-NIGHT EVENTS, AND OTHER TEEN ACTIVITIES.

Student Signature

Date

Parent/Legal Guardian Signature

Date