

First Christian Church

701 NW 15th Street, Blue Springs, MO 64015

Activity Release Form

This form covers all church-sponsored activities on-site as well as off-site, including summer camp at Tall Oaks, and must be signed and turned in before participant can leave for any activity.

RELEASE: I know that camp and/or activities in which my/our child may participate may be potentially hazardous. My/our child should not participate unless he/she is physically able. I assume all risk including travel associated with these events; but not limited to falls, burns, cuts, contact with other participants, and/or the effects of the weather including heat - humidity - cold. I understand the conditions of the camping /activity area -- all such risks being known and appreciated by me. Having read this release and knowing these facts, effective immediately and continuing henceforth, I for myself and anyone entitled to act on my behalf, waive and release adult leaders/advisors and volunteers, First Christian Church, all other partner churches, their representatives from all claims or liabilities of any kind arising out of my child's participation in this event even though that liability may arise out of negligence or carelessness on the part of the person(s) named above.

AUTHORIZATION OF TREATMENT: Effective immediately and continuing henceforth, I grant permission to all foregoing to offer or give first aid as necessary to the participant including giving available over-the-counter medicines. In case of emergency, I understand effort will be made to contact the parent/guardian. In the event they cannot be reached, I hereby give my permission, effective immediately and continuing henceforth, to the physician / health officer/ambulance medics/hospital selected by the adult leader in charge to secure treatment, including medications, hospitalization, anesthesia, surgery, or injections of medication for my child. I authorize transportation as may be indicated or required via personal vehicle or via ambulance or via CareFlite when necessary to transport to a doctor or hospital.

Participant: _____ Birth date: _____

Allergies: _____

Medicines: _____ Time of dosage: _____

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Special Needs: _____

Health Insurance Co.: _____ Policy # _____

Health Insurance Phone Number: _____

Parent/Guardian: _____

Home Address: _____

Home phone # _____ Cell/Work phone # _____

Alternative Contact Name: _____ Phone # _____

Signature of parent/guardian required if participant is under age 18

Date _____

_____ Please initial if you release and grant permission for any photographs taken of your child or guardian at a church-sponsored function to be published in print or on our website.