

Orchard Hill Reformed Church Permission Waiver Form

Student Name: _____

Address: _____

Parent's Phone: _____

Parent(s) or Guardian(s): _____

Age of child: _____ Birth date: _____ Grade: _____

Release of Liability:

By signing this Release Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the planned activities. I also expressly assume all risks of the child whether such risks are known or unknown to me at this time. I further release Orchard Hill Reformed Church and its minister, leaders, employees, volunteers, and agents from any claim that my child may have against them as a result of an injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Orchard Hill Reformed Church or its ministers, leaders, employees, volunteers, or agents.

Transportation during Church Functions:

By signing this form, I give permission that the child named can be transported, as the activities require, by the approved staff or volunteers of Orchard Hill Reformed Church. Transportation to and from the church is my own responsibility.

First Aid & Emergency Medical Treatment:

I do hereby give permission for agents of Orchard Hill Reformed Church to seek and secure any needed medical attention or treatment for my child including hospitalization. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

Publicity:

On occasion, Orchard Hill Reformed Church takes photographs or makes audio/visual recording of children involved in church activities. Such photographs and audio/visual recording may be used in Orchard Hill Reformed Church's publications, website, and various social media platforms. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting or special interest features. I consent to the use

of such audio/visual recording of the child named above to be used, distributed, or displayed as the directors of the church see fit.

Health Insurance Information:

Insurance company: _____

Policy Number: _____

Emergency Contacts:

Name: _____

Relation: _____

Home and/or cell Phone: _____

Work Phone: _____

Signed: _____

Date: _____

PLEASE FILL OUT ADDITIONAL HEALTH INFORMATION. Please notify us of any allergies you child may have: _____

Does your child have any other medical issues or special needs that the program leaders need to be aware of? If so please indicate:

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective from and including May 1, 2021 to and including June 30, 2022.

Signature of Parent or Guardian Date
(if Participant is under 18 years of age)

Signature of Participant Date

Printed Name of Parent Date

Printed Name of Participant Date