

Rose Hill Presbyterian Church
Youth Waiver and Medical Release form
September 1, 2015-May 31, 2016

2015-16

Today's Date: _____	
Student Name: _____	Birth Date: ____/____/____
Address: _____	City: _____ State: _____ Zip: _____
Best Contact Phone: _____ whose #/type? _____	
School: _____	Grade for 2015-16 School Year: _____
Parents/Guardians E-mail: P1: _____ P2: _____	
Parent/Guardian: Name: P1: _____	Cell #: _____ Other #: _____
Parent/Guardian: Name: P2: _____	Cell #: _____ Other #: _____
Medical Information:	
Insurance Carrier: _____ Group #: _____ Policy #: _____	
Allergies, including drug reactions: _____	
Regular Medications: _____	
Date of Last Tetanus: _____	
Family Physician: _____	Phone #: _____

PARENTAL PERMISSION & LIABILITY RELEASE

I authorize _____ to participate in children/youth activities with Rose Hill Presbyterian Church. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the activity. I wish to make clear our understanding that Rose Hill Presbyterian Church, staff and the leaders of the event are hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the church and leaders and hold them harmless from any claim or demand which might be asserted in connection with such activities and events. It is understood that every precaution will be taken for the safety and well being of my child, but in the event of accident or illness, Rose Hill Presbyterian Church, its staff, and its volunteers are hereby released from any liability. In case of medical emergency, I hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by a leader and efforts have been made to contact the participant's parents. I assume full financial and legal responsibility for such care. By signing this release, I consent to my child's participation, and am waiving any and all claims that might arise out of such participation. My student is aware that they may not bring any illegal objects (drugs, alcohol, weapons, etc.), and realize that if they do, the decision will be made to send them home at my expense. If at any time we decide to cancel this reservation, I realize that partial or full cost of the trip may be non-refundable per each church's policies. I accept financial responsibility for participation in this activity.

Parent or Guardian Signature(s): _____ Date: _____

Photo Release and Waiver: I hereby authorize the making of photographs, motion pictures, video's, or recordings, or other memorializing of said events, and his/her participation therein, and the publication or other use thereof. I hereby waive any right to compensation therefore or any right that he/she otherwise might have to limit or control such making or use.

Parent or Guardian Signature(s): _____ Date: _____

Rose Hill Presbyterian Church
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