



Waiver and Release from Liability
Effective: January 2018 - December 2018

Name: Last First M.I. Birthday / / Male Female
Fall of '18 School Fall of '18 Grade

Parent/Guardian Ph # (H) Ph # (C) Ph # (W)

Address City State Zip

2nd Parent Ph # (H) Ph # (C) Ph # (W)

Alt. Emerg. Contact Ph # (H) Ph # (C) Ph # (W)

Parent Email Student Email

Medical insurance carrier Policy # Group #

Name of insured person Insured person's place of employment

Name of Primary Care Physician Phone

Health History (Check & Give Approximate dates when applicable)
Frequent Ear Infections Diabetes Bleeding Disorders
Heart Defect/Disease Asthma Mono
Seizures ADD/ADHD Downs Syndrome
Tourettes Syndrome Chicken Pox Measles
Mumps

Allergies (dates not needed)
Hay Fever Other (specify)
Poison Ivy
Insect Stings
Penicillin

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.)

Dietary restrictions

Current Medications (List both prescription, OTC & herbal)

-Medication Name Dosage Reason for taking

-Medication Name Dosage Reason for taking

Are all immunizations current? (MMR, tetanus, hepatitis) Yes No

Describe your student's swimming ability: Beginner Intermediate Advanced

Any other information you feel the leaders should know in advance about your student

We ask that all students adhere to our rules of conduct on trips and events: honor God and each other, no violence, no alcohol/drugs/ weapons/tobacco/fireworks permitted, modest & appropriate clothing and participation with the group is expected. Failure to comply with these expectations could result in your student being sent home at parental expense. My child has permission to attend all church-sponsored children's activities as listed in calendars and/or Arlington Assembly bulletins, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, games in the park, paintball, volleyball, softball, baseball, camping, water and snow sports, kickball, hiking, Geocaching, biking, concerts, Bible studies, golfing, miniature golf, hayrides, bowling, Battlefield Live, trampoline parks, other recreational activity centers.

Parent(s)/Guardian Signature Date

**I (We) acknowledge that my child's participation in the Culture United Youth Ministry with Arlington Assembly is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, local excursions, athletic games, camps, and conferences. I (We) acknowledge that my child's participation in any Culture United Youth Ministry activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in Culture United Youth Ministry activities, I (we) agree to the following:**

(Initials)

\_\_\_\_\_ Culture United Youth & Arlington Assembly is not responsible for the loss or theft of personal belongings.

\_\_\_\_\_ Misconduct may result in transportation home from any activity at parents' expense. A student dismissed for a disciplinary reason will **not** receive a refund of the activity fee.

\_\_\_\_\_ I understand and authorize that my child's image may be photographed or filmed and used in video presentations, and printed publications-either digital (online) or paper publications.

\_\_\_\_\_ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) **I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Culture United Youth's Ministry activities, the following person, or entities: Arlington Assembly, it's Lead Pastor and Staff Pastors, Church Board, Deacons, employees, volunteers, representatives, subcontractors and agents of any of the above: 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 except in the case of gross negligence on the part of Arlington Assembly, Arlington Assembly Staff or volunteers 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 student's actions. **I hereby assume the risks of my child participating in all Culture United Youth's Ministry activities.**

\_\_\_\_\_ The undersigned \_\_\_\_\_ (parent/guardian), the parent and natural guardian or legal guardian of \_\_\_\_\_ (student's name) hereby executes this document for and on behalf of the student named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the student in the execution of the Waiver and Release.

\_\_\_\_\_ I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility to treat the student named herein for the purpose of attempting to treat or relieve any injury received by said student. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or receive any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said student. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to the Arlington Assembly representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

\_\_\_\_\_ I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine, over-the-count antacids as needed or other over-the-counter medicine as needed.

Student's Name \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

# SUMMER CAMP NEED TO KNOW

## CAMP LOCATION

Silver Lake Bible Camp, Medical Lake, WA

## CAMP DATES

June 25<sup>th</sup> - 29<sup>th</sup>

## COST

Early Registration (by June 14<sup>th</sup>) \$250 | **After \$275**

\*Registration deadline is June 21<sup>st</sup>

## WHAT TO BRING

Bible

Sleeping bag

Pillow

Comfortable clothes

Long pants

Warm jacket and/or sweater

Several changes of underclothes

Appropriate shoes

Towel

Soap

Toothbrush

Toothpaste

Pen and/or pencil

Paper / Journal

Camp appropriate swimsuit

Flashlight

\*Make sure to mark all belongings!!!

## CELL PHONE POLICY

We believe cell phones can be both a distraction and a tool. Students are permitted to bring phones if they choose and if parents allow it. However, if cell phones become a DISTRACTION from what is happening at camp, leaders have been instructed to confiscate them until camp is over. It is our hope that cell phone usage will be utilized in a healthy way.