

Acts-Twenty9 Youth Winter Retreat 2019

Consent and Release

BASIC INFORMATION:

Dates:

January 4 – 6, 2019

Location:

Jackson, CA

Security Deposit:

\$25.00* by Dec. 12, 2018

Rate:

\$75.00 by Jan. 2, 2019

*The \$25.00 deposit will count toward the total registration cost upon final payment. Space is limited.

PLEASE PRINT

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| <p align="center"><u>MINOR'S INFORMATION:</u></p> <p>_____ LAST NAME FIRST NAME MIDDLE</p> <p>_____ STREET ADDRESS</p> <p>_____ CITY/STATE ZIP</p> <p>(____) ____-____ MALE / FEMALE CELL PHONE (circle one)</p> <p>____ ____ / ____ / ____ ____ AGE D.O.B. GRADE</p> <p>LIST UP TO THREE FRIENDS YOU WOULD LIKE TO ROOM WITH:</p> <p>1. 2.</p> <p>3.</p> | <p align="center"><u>EMERGENCY CONTACTS:</u> <i>PARENT/GUARDIAN</i></p> <p>1. _____ NAME</p> <p>(____) ____-____ CELL PHONE</p> <p>_____ RELATIONSHIP TO MINOR</p> <p>2. _____ NAME</p> <p>(____) ____-____ CELL PHONE</p> <p>_____ RELATIONSHIP TO MINOR</p> |
| <p align="center"><u>EMERGENCY CONSENT</u></p> <p>_____ FAMILY PHYSICIAN</p> <p>(____) ____-____ OFFICE PHONE</p> <p>_____ MEDICAL INSURANCE PROVIDER</p> <p>_____ POLICY NUMBER</p> | <p align="center"><u>HEALTH INFORMATION:</u></p> <p>Please List all food/drug allergies, chronic medical conditions, or any other health issues we should be aware of:</p> <p>_____</p> <p>_____</p> <p>Please list any special medications, blood type, or pertinent information the staff should be made aware of:</p> <p>_____</p> <p>_____</p> <p>Date of last tetanus shot: ____ / ____ / ____</p> |

**- PERMISSION TO PARTICIPATE/ MEDICAL EMERGENCY/ LIABILITY-
RELEASE AND WAIVER**

*THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS.
PLEASE READ AND BE CERTAIN YOU UNDERSTAND BEFORE SIGNING.*

In consideration of the minor Child named above being permitted to participate in the youth ministry of Stockton Christian Life Center, Inc.'s activity, Acts-Twenty9 Winter Retreat in all its programs, activities, and events, I, the undersigned parent/guardian, on behalf of myself, my spouse, my family, heirs, assigns, and personal representatives (the "Releasers"), hereby: 1. Acknowledge that the named activity has been explained to me and I fully understand and appreciate the dangers, hazards, and risks that may arise from the activity. 2. Give permission for the Child to participate in all Acts-Twenty9 Winter Retreat activities, and knowing the dangers, hazards, and risks of the activities and travel, and in consideration of the Child being permitted to participate in Acts-Twenty9 Winter Retreat, on behalf of the Releasers, I agree to assume all the risks and responsibilities surrounding the Child's participation in Acts-Twenty9 Winter Retreat. On behalf of myself and the Releasers, I hereby covenant not to sue Acts-Twenty9, Stockton Christian Life Center, Inc., or its trustees, officers, representatives, volunteers, and employees, or the location property management ("Releasees") and I hereby release, waive, forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releaser, arising out of, or related to, Acts-Twenty9 Winter Retreat, whether caused by negligence or carelessness of the Releasees. I further agree to indemnify and hold harmless the Releasees, Acts-Twenty9, the location's property management, and/or Stockton Christian Life Center, Inc. from and against any loss, liability, damage or cost, including court costs and attorneys' fees that may arise due to the Child's participation in Acts-Twenty9 Winter Retreat. It is my expressed intent that this Consent, Liability Release and Waiver shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees. 3. Represent that the Child does not suffer from a physical or mental impairment that would limit the Child's ability to participate in Acts-Twenty9 Winter Retreat's activities; understand, agree and hereby grant Releasees permission to authorize emergency medical treatment for the Child, if necessary and arising out of Acts-Twenty9 Winter Retreat, and that such action by Releasees shall be subject to the terms of this Agreement: and understand and agree that Releasees assume no responsibility for any injury, illness, or damage which might arise out of or in connection with such authorized emergency medical treatment. 4. Understand and acknowledge that Acts-Twenty9 and Stockton Christian Life Center, Inc. does not carry or maintain medical or disability coverage for the Child, and therefore agree to assume no responsibility for insurance coverage for the Child. 5. Give consent to any medical attention, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, that is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at said hospital. It is understood that this authorization is given to provide authority to power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may in the exercise of his/her best judgment, deem advisable. I hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of the Family Code 6910 to surrender physical custody of such minor to my/our above-named medical insurance carrier upon the completion of the treatment. This authorization is given pursuant to Health and Safety Code section 1283. These authorizations shall remain effective throughout the entirety of the retreat unless sooner revoked in writing delivered to Acts-Twenty9 and/or Stockton Christian Life Center, Inc. 6. Give permission to have photos and video clips of the Child taken throughout Acts-Twenty9 Winter Retreat, and used in future promotional literature and arts of Acts-Twenty9 and/or Stockton Christian Life Center, Inc.'s programs, events, and activities. (The Child's name will not be used.) 7. Hereby give permission to the Releasees to check the Child's luggage, bags, and carry-ons for items not allowed to be brought to Acts-Twenty9 Winter Retreat.

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

____/____/____
DATE

OFFICE USE ONLY:

FORM COMPLETED: ____/____/____

PAID IN FULL: ____/____/____

INITIALS: _____