

Sage Hills Students Summer Events Release Form

Student Name: _____ Date of Birth: _____

Allergies or Medical Concerns, including prescribed medicines, for the above named student:

Parent(s) Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Home

Phone: _____ Parent Cell Phone: _____

Alternate Emergency Contact (name): _____

Phone: _____

Please select which event your student will participate in:

- ☐ Applesox Game :: July 3rd - Meet in the Applesox parking lot at 5:45PM
- ☐ MS Summer Group :: July 11th - Join us at the Black's house from 5-10PM
- ☐ HS Summer Group :: July 25th - Join us at the Black's house from 5-10PM
- ☐ MS Summer Group :: August 8th - Join us at Walla Walla Park from 5-10PM
- ☐ HS Summer Group :: August 22nd - Join us at Walla Walla Park from 5-10PM

Medical and Liability Release: medical release statement must be signed

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. By signing this form, you, as a parent or guardian agree to assume the risks and hazards which are inherent in this kind of activity and give consent for named child to receive emergency medical care if:

1. Such care is deemed necessary by the adult supervisor.
2. The proposed medical treatment or procedures are immediately or imminently necessary and any delay due to obtaining parent or guardian consent would reasonably jeopardize the life, health, or well being of the child affected.
3. The parent or guardian cannot be personally contacted.

I give my child _____ permission to participate in this activity, and I am aware of the possible dangers of this type of activity, as well as that created by the travel involved. I give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician and/or hospital for the care of my child, if necessary, including emergency medical care, emergency x-rays, and/or emergency surgery. I agree that Sage Hills Church and/or its leaders are not liable for any accident related to either the planned event or transportation to or from that event and I agree to provide payment for any expenses incurred for necessary treatment.

There are inherent risks involved, including the risk of serious physical injury or death, in participating in the types of activities offered. I also understand that these activities may take place anywhere on church property or at off-site facilities and that any use of property exposes them to these inherent risks, whether they are participating in any activities or not. With the understanding of risks involved, I fully assume all risks and liabilities associated with my child's presence or use of the church property and off-site activities even if such risks are due to the negligence of the church. I, agree that I am legally responsible and I will defend, indemnify and hold harmless the church, its Officers, Directors, Members, and Agents from any and all claims, suits, demands, causes of action or claimed causes of action by anyone arising from or in connection with my child's use of the church property including claims of negligence on the part of the church, its Officers, Directors, Members and Agents. I, for myself agree that I am legally responsible and that my child will not sue the church, its Officers, Directors, Members, Agents, and Employees for monetary damages for personal injury or property damage sustained by my children while engaging in recreational activity at the church even if due to the negligence of the church its Officers, Directors, Members and Agents. I understand that recreational activities shall mean any use of church property.

I have read this Agreement and fully understand its terms. I further understand that by signing this Agreement I am assuming substantial legal obligations for my child. I have not been induced to sign this agreement by any promise or representation and I sign it voluntarily and of my own free will.

I also agree that Sage Hills Church is not responsible for lost belongings of any kind.

Please provide insurance information below:

Insurance Provider: _____

Number: _____

Parent/Guardian Signature: _____

Date: _____

* I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

Parent/Guardian Signature: _____

Date: _____