

Activity Name: **NOT Winter Camp**

Activity Date & Time: Friday, February 24, 4PM – Saturday, February 25, 8PM

Activity Location: Meet at LBAC / Drive to Long Beach Rescue Mission / Return to LBAC

Student Name: _____

Student Age: _____ Student Grade: _____

Student Address: _____

City: _____ Zip: _____

Parent/Guardian Initials for this Statement:

_____ This acknowledges that my child has permission to participate in the above activity. To the best of my knowledge, my child is healthy and fit for an active program. I acknowledge that there may be inherent possibility of risk (including but not limited to: Food Borne Illnesses, Vehicle Crash Related Injuries, Minor Scrapes and Bruises, Head Injury, etc.), and agree to hold harmless Long Beach Alliance Church, its employees and volunteers for any loss, damage, injury, disease or death which results from this activity. In case I cannot be reached in an emergency, I hereby give my permission to the licensed health care provider selected by Long Beach Alliance Church to secure medical treatment including hospitalization, injections, anesthesia or surgery as may be deemed necessary for the child listed above. I also understand and agree that I am responsible for all expenses incurred in the event of an emergency.

Parent/Guardian Initials for the Following Statements:

_____ I understand the Long Beach Alliance Church staff, volunteers, and leaders will make every attempt to contact me as soon as possible in the event an emergency arises. If contact cannot be made, I authorize the Long Beach Alliance Church staff, activity volunteers, and leaders to provide medical care, and if necessary, take my child to a doctor or medical facility. I also authorize medical treatment recommended by medical staff and I assume responsibility for all medical costs.

_____ I, on behalf of my child, myself, my children, my assigns, and my estate, assume the risk and promise to release from liability and hold harmless for personal injury or sickness and/or damage to personal or public property resulting from my child's participation, Long Beach Alliance Church, its officers, Governing Board, Elders, agents, employees, and/or volunteers for any and all claims for injuries, causes of action, or liability related to my and/or my minor child's participation in the above Long Beach Alliance Church youth onsite or offsite activity. This release does not apply to intentional and/or willful acts of misconduct by Long Beach Alliance Church or any of its officers, Governing Board, Elders, agents, employees, and/or volunteers.

_____ I agree to indemnify and hold harmless the Long Beach Alliance Church, its officers, Governing Board, Elders, agents, employees, and/or volunteers for any liability incurred or property damage/loss sustained by Long Beach Alliance Church as the result of the negligent, willful, or intentional conduct of my child, including expenses attendant thereto.

_____ I hereby certify that I have read and clearly understand these terms and that this authorization/waiver/covenant is being executed voluntarily.

Health Insurance Provider: _____

ID #: _____

Known Allergies: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed: _____

Parent/Guardian Phone Number: _____

Date: _____

Parent/Guardian Address (if different than above): _____

City: _____ Zip: _____