

EMMANUEL BAPTIST YOUTH DEPARTMENT

PARENT'S PERMISSION, ACKNOWLEDGMENT OF RISKS and ASSUMPTION OF RISK AND RESPONSIBILITY

PARENT'S GRANT OF PERMISSION:

I authorize my child, _____, to participate in the following activity: _____

- Date of Commencement: _____ time: _____
- Date of Completion: _____ time: _____

I authorize my child to use transportation provided by Emmanuel Baptist Church of Mount Vernon, WA. (the Church) for this activity.

I authorize the Youth Leaders and Staff of Emmanuel Baptist Church to give consent to Medical care for the above named minor, including emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery, or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is deemed necessary for the mental or physical health of the participant and I/we cannot be reached within a reasonable time to obtain my/our consent to treatment. This grant of authority shall not create an independent duty on the part of the Church, its employees or volunteers to give consent to treatment. **I either have appropriate insurance or, in its absence, agree to pay all the costs** of medical services as may be incurred on my child's or ward's behalf. **If the participant is under 18 years of age, this form must be signed by a parent or legal guardian.**

Signature _____ Date ____/____/____
Your Printed Name _____

WARNING: Certain risks are inherent in youth activities and cannot be eliminated without destroying the unique character of this activity. Students expect activities to be both fun and sometimes dangerous in order to provide exciting events. The Church cannot guarantee that all risks of injury or worse are eliminated. **These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to personal property, accidental injury, illness, or in extreme cases, permanent trauma or death.** The Church does not want to frighten you or reduce your child's enthusiasm for this activity, but it is important to know in advance that there are inherent risks.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I understand that recreational and adventure activities may involve risks of injury, illness, or death to my minor children or ward for whom I may be responsible. I understand the description of those inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. **I agree to assume and accept full responsibility for all risks, those known and unknown, inherent or otherwise.** My child's participation in this activity is purely voluntary; no one is forcing me or my child to participate. I elect to allow my child or ward to participate in spite of and with full knowledge of the inherent risks. They are physically and mentally capable of participating in the activity. **I release all claims for loss, injury or death, including loss of consortium (companionship) to the extent not covered under the Church's insurance policy, if any be in place.**

MEDIATION: I further agree that if I have a legal dispute with the Church which cannot be settled through discussions between the parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Washington courts as qualified persons for mediation assignments. To the extent mediation does not result in a resolution, I agree to submit the dispute to binding arbitration through the JAMS of Washington. I also agree that I will pay all costs and attorney's fees incurred by the Church in defending a claim or suit, if the claim or suit is withdrawn by me or to the extent a court or arbitration determines that the Church is not responsible for the injury or loss.

If any portion of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

Unless you indicate otherwise, by checking the box below; I hereby grant permission , for Emmanuel Baptist Church use video, photos, and other media of your child from this event. Subsequently, this video may be used for advertising purposes, which may include, but are not limited to, event video's, blogs, Facebook, slideshows, pictures for the youth center and brochures.

I do not grant permission for my Child to have media used for advertising or any other purposes.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Parents/Guardian Name: _____

Parents Contact Info: Home Phone #: _____

Cell Phone #: _____

Other Emergency Contact Name and numbers:

Health concerns for this student are: None ____ Yes ____

Please be aware of the following:

