

2022 YOUTH TRIP RELEASE FORM

Student's Name: _____

Grade: _____ Male/Female: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Mom Cell: _____

Email: _____ Dad Cell: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Allergies: _____

Medications: _____

Date of Last Tetanus Shot: _____

Insurance Company: _____ Group #: _____

Insured's Name: _____ ID #: _____

TRANSPORTATION:

I authorize Applegate Christian Fellowship (ACF), its agents and employees to provide transportation for the child for ACF outings. It is not necessary that I be contacted for permission each time the church provides transportation for a trip.

MEDICAL TREATMENT:

In the event that an illness or injury befalls the child, either on or off the Fellowships premises, ACF will first make every effort to contact you at home, on your cell, or place of business and comply with your instructions.

If I cannot be located, I authorize ACF to:

1. Contact the physician or emergency contact name provided and follow their instructions.
2. Transport the above child to a hospital for treatment by an on-duty emergency room physician.
3. The undersigned hereby authorizes the named physician to give consent for any procedure or hospital care deemed advisable by said doctor. In the event that the doctor is not available, Applegate Christian Fellowship's leadership is authorized to give necessary consent for any treatment, care, diagnosis, and/or examination of the person named.

PHOTOGRAPHY:

I hereby grant ACF permission to use my child's image, likeness, and the sound of his or her voice as recorded by audio or video recordings, or in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of ACF, are copyrighted and protected by ACF, and will not be returned. I hereby irrevocably authorize ACF to edit, alter, copy, exhibit, publish or distribute this photo (or photos) for purposes of publicizing ACF's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of photograph(s).

I understand that for youth activities and transportation ACF is required to keep a list of contact information for all who are attending. I understand that ACF will not voluntarily release contact information unless legally obligated by the state. During the COVID19 pandemic, the state guidance outlines that a log should be kept with the child's name, drop off/pick up time, adult completing both drop off/pick up, adult emergency contact information and a list of the staff and volunteers that interact with the kids at the event. I do _____ /don't _____ want my child to wear a mask at youth events.

RELEASE:

I, individually and as guardian of the child named on this release form, hereby hold harmless, waive, release, and forever discharge ACF (its employees, agents, and representatives) from any and all claims, demands, liability, causes of action, and damages which I, the child, my heirs, representatives, executors, administrators, or any other persons have or may have, resulting directly or indirectly from the child's participation in ACF activities, including transportation as to those activities, and/or by reason of ACF's use of the photography and/or audio/video as described herein. There is no time limit on the validity of this release nor is there any geographic limitation.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Driver's License #: _____ State: _____

Date: _____