

Redding Christian Fellowship

2023 Student Liability & Medical Release Form

We (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **Redding Christian Fellowship** and the directors/staff thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any and all activities during the year 2023. (Jan 1, 2023, through Dec 31, 2023)

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to Redding Christian Fellowship to furnish any necessary transportation in the United States, as well as food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip or event, and hereby give our (my) permission to take the said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

PARENT/GUARDIAN INITIALS: _____

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. PARENT/GUARDIAN INITIALS: _____

UNLESS A WRITTEN REQUEST IS MADE OTHERWISE, THIS FORM SHALL REMAIN VALID THROUGH DECEMBER 31, 2023.

Please PRINT the following information:

_____ Student's Name-PRINT CLEARLY	_____ Grade	_____ Birthdate	_____ Home Phone Number
_____ Student's Cell Phone Number	_____ Student Email Address		
_____ Address		_____ City	_____ Zip Code
_____ Father's or Guardian's Name-PRINT CLEARLY		_____ Father's or Guardian's Cell#	_____ Email Address
_____ Mother's or Guardian's Name-PRINT CLEARLY		_____ Mother's or Guardian's Cell#	_____ Email Address

Current medications & conditions/allergies & instructions:

Medical Insurance Carrier

Policy Number

Please initial to give permission to use pictures taken at youth activities, which may include the student listed above to be used electronically for promotional purposes.

Please initial if you DO NOT want any pictures of your child used electronically for promotional purposes.

SIGNATURES: (Only the participant need sign if 18 years of age or older)

_____ Father's Signature	_____ Date	_____ Mother's Signature	_____ Date
_____ Legal Guardian's Signature	_____ Date	_____ Participant's Signature (if age 18)	_____ Date

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REDDING CHRISTIAN FELLOWSHIP COVID-19 WAIVER OF LIABILITY

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

Redding Christian Fellowship has put in place preventative measures to reduce the spread of COVID-19; however, the Church cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Church or Church-related activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Church or Church-related activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Church or Church-related activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Church employees, volunteers, and Church-related activity participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Church or participation in Church-related activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Church, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Church-related activity.

I understand and agree that the law of the State of California will apply to this Waiver of Liability.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature (18 and older): _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver of Liability.

Signature: _____ Date: _____

Name (printed): _____

Student Name : _____

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