

# UN ASH AM ED

## DATE

Saturday, April 22, 2023

## LOCATION

Grace Bible Church

## COST

\$30

PARENT PACKET

### WHAT TO BRING LIST

- Bible
- Notebook
- Pen/Pencil
- Snack to share

### CONTACTS

- Esther Medina // Grace Kids Director // Cell Phone: 770-676-4011
- Colleen Brandon // E.C Coordinator // Cell Phone: 214-354-3678



## PARTICIPANT RELEASE FORM

This Release from Liability ("Release") is made this day of April 22, 2023, by and between Grace Bible Church ("Church") and \_\_\_\_\_, or \_\_\_\_\_ ("Parent/Guardian") on behalf of his/her minor Student, \_\_\_\_\_ ("Student").

### PARTICIPANT INFORMATION

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ If applicable, Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EVENT & CONSIDERATION

Grace Bible Church will be conducting the following Event: R45 Retreat with the following Activities: Nickel Mania

In consideration of participation in the above-listed event, I (and/or the Parent/Guardian) does hereby grant this Release of Liability and grant permission for participation.

### MEDICAL INFORMATION

Is sponsor authorized to obtain medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Do you (or your student) suffer from:

Heart Trouble  Anxiety  Stomach Issues

Asthma  Diabetes  Epilepsy/Seizure Disorder

Physical Handicap  Other: \_\_\_\_\_

### EMERGENCY INFORMATION

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_





## CONSENT, RELEASE, STUDENT AGREEMENT, & INDEMNIFICATION

1. I (and/or the Parent/Guardian on behalf of the student) consent to the participation of the above listed Event and Activities.
2. I (and/or the Parent/Guardian on behalf of the student) certify that Student is physically and emotionally able to participate in the above listed Event and Activities.
3. I (and/or the Parent/Guardian on behalf of the student) executed this release freely, voluntarily, and after sufficient review.
4. I (and/or the Parent/Guardian on behalf of the student) have the authority to release the Church from any and all claims and have not transferred such authority to any other person.
5. I (and/or the Parent/Guardian on behalf of the student) acknowledge that there are inherent risks involved the Event and Activities listed above.
6. I (and/or the Parent/Guardian on behalf of the student) authorize the agents of Church to make emergency medical decisions on my behalf in the event Parent/Guardian cannot be reached. I (and/or the Parent/Guardian on behalf of the student) acknowledge that he/she will ultimately be responsible for the cost of any medical care provided.
7. I (and/or the Parent/Guardian on behalf of the student) agree to release and indemnify the Church, its pastors, trustees, officers, directors, employees, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during the course of the involvement in the Event.
8. I (and/or the Parent/Guardian on behalf of the student) acknowledge that I have read the rules of conduct above and agree to abide by the code of conduct at risk of being sent home at his/her expense.
9. This Release does not extend to claims of intentional acts, gross negligence, or willful or wanton conduct arising from Student's participation in above listed Event and Activities. I (and/or the Parent/Guardian on behalf of the student) agree to attempt to settle all such claims through good faith negotiation with Church. If good faith negotiation fails, Parent/Guardian agrees to attempt to settle all such claims through mediation with a professional mediator. If mediation fails, Parent/Guardian agrees to that the laws of the State of TX shall govern and the jurisdictional forum shall be the State of TX.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Church Representative: *Esther Medina* Date: \_\_\_\_\_

## CHURCH AUTHORIZATION FOR MEDICATION ADMINISTRATION

Please indicate which medications the Student Ministry Staff, Host Home or Small Group Leaders may administer to your student while at Grace Kids Route 45 Retreat.

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

The following medications may be administered to my student by a Student Ministry staff, Host Home or Small Group Leader:

- All of the Medications Listed Below
- Acetaminophen (Tylenol®)       Ibuprofen (Advil®/Motrin®)       Dramamine®
- Cold Medicine       Pepto-Bismol®       Antacid Tablets (Tums®/Mylanta®)
- Anti-Diarrhea (Imodium®)       Antihistamine (Benadryl®)       Hydrocortizone Cream
- I do NOT wish for any of these medications to be administered to my student.

Please list any over-the-counter or prescription medications needed to be administered to your student:

MEDICATION NAME	REASON FOR TAKING	DOSAGE/MG# OF TABLETS	WHEN DO THEY NEED TO BE TAKEN?

**NOTE:** ONLY GRACE KIDS STAFF IS ALLOWED TO ADMINISTER ANY MEDICATION. ANY PRESCRIPTION MEDICATION MUST BE HANDED TO GRACE KIDS STAFF AT CHECK-IN ON THE DAY OF THE EVENT.



## PHOTO/VIDEO RELEASE FORM

Event: Grace Kids Route 45 Retreat

I hereby give permission for images of my child, captured during this event (Date: April 22, 2023 ) through both video and photo, to be used solely for the purposes of the church's promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant (please print): \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT COVENANT

I, \_\_\_\_\_, together with my parents and the leadership of the student ministry agree to the following:

To have a great attitude during (Event Title) Grace Kids Route 45 Retreat.

To treat my host home better than I would my own home and to follow all host home rules.

To honor, respect, and follow instructions from my host home parents, my small group leader(s), and all other volunteers.

To leave the host home only with a permission to leave form on file with the church staff.

To actively participate in each small-group session and each large-group service with the intent to learn and to respond to the Lordship of Jesus Christ.

I understand that failure to honor this Covenant will lead to ONE warning. If I do not honor this Covenant a second time, my parents will be contacted to pick me up and I will not be permitted to participate in the remainder of Disciple Now.

Student's Signature: \_\_\_\_\_ Student's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Parent's Printed Name: \_\_\_\_\_

