

THE RIVER CHURCH

5546 Cincinnati-Dayton Road – Liberty Township OH 45044
The River Youth

PARENTAL CONSENT, RELEASE, CERTIFICATION, AND MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are asked to complete this form and return it to the appropriate youth group leaders for church retention. The information requested is designed to assist The River Church staff and volunteers in providing for the safety of minors during church sponsored activities. Please review this closely, and carefully complete it.

GENERAL INFORMATION (Please Print)

Student's Name _____ Date of Birth _____

Parent(s) Name _____

Child's Address _____

Home Tel. No. _____ Work _____ Mobile _____

Emergency Contact _____ Phone _____

Email Address _____

Family Doctor _____ Phone _____

CONSENT AND CERTIFICATION

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all of the scheduled activities of The River Church and The River Youth, of Liberty Township, Ohio, during 2022 both on the church premises and off the church premises. Those activities include the following, but are not limited to: youth group meetings, field trips, campouts, swimming, boating, hiking sporting events and any other activities they may participate in. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming (except as noted below).

I release the The River Church and The River Youth, its pastors, directors, officers, agents, employees, staff, volunteers, or youth leaders from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation in the activities of The River Church or The River Youth. Also, I agree to indemnify and hold forever harmless The River Church and The River Youth, its pastors, directors, officers, agents, employees, staff, volunteers, or youth leaders from any and all liability of any kind whatsoever for loss or injury to my child arising from activities on or off the premises of The River Church or resulting from traveling to or from the activities of The River Church or The River Youth, including loss or injury resulting from negligence or gross negligence.

I understand and agree that this permission and agreement shall remain in effect until revoked in writing by me, and I understand and agree that it is my responsibility to update my child's medical and insurance information as changes occur.

I agree that if for any reason my child needs to come home or be sent home, that I will come and get them.

MEDICAL QUESTIONNAIRE Please fill this out to enable us to properly care for your child in case of medical emergency. Please notify Zach Hibbard in writing of any significant changes.

1. Is your child presently being treated for any injury or sickness or taking any form of medication for any reason?
Yes ___ No ___ (If yes, please explain) _____

2. Is your child allergic to any type of medication? Yes ___ No ___ (If yes, explain) _____

3. Does your child have any allergies other than to medications? Yes ___ No ___ (If yes, please explain) _____

4. Does your child have a special diet? Yes ___ No ___ (If yes, please explain) _____

5. Does your child have (or has ever had) any of the following: (circle, and explain on another page)

Seizure disorders

Asthma

Heart murmur

Diabetes

Hay Fever

Kidney disease

6. Does your child ever sleep walk? Yes ___ No ___

7. Can your child swim? Yes ___ No ___

8. Does your child have any physical handicap or illness, which would prevent him/her from participating in any rigorous activity? Yes ___ No ___ (If yes, please explain) _____

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the contacting of a physician and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that The River Church and The River Youth, its pastors, directors, officers, agents, employees, staff, volunteers, or youth leaders will not be responsible for any medical expenses incurred, but that such expenses shall be my responsibility as parent/guardian. I also release The River Church and any and all of its agents from any and all liability should my child incur an injury or illness.

I agree to notify The River Church youth leaders or workers in the event of any health changes, which would restrict my child's participation in any normal youth activities. I also understand that the adult youth leaders reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

If you wish to give additional information, or to speak with the youth leaders concerning any of the above, or wish to obtain any information concerning a specific event that your child is obtaining permission to attend please call:

The River Church

513-755-7777

Zach Hibbard (Pastor to Students)

513-649-4737

TRAVEL AUTHORIZATION

I give permission for my child to travel in a vehicle operated and occupied by only one adult.

PHOTO/VIDEO AUTHORIZATION AND RELEASE

I understand that my child may be photographed while participating in the activities of The River Church.

I do or do not (circle one) give permission for a recognizable image of my child to be posted on The River Church website (<http://www.HitTheRiver.com>), YouTube, Twitter, Facebook, Instagram, bulletin boards, etc.

I understand that a non-recognizable image, such as a group picture or video, may be posted.

I also understand that The River Church and The River Youth is not responsible for outside parties that may post photos or videos.

(Signature of Parent/guardian)

(Date)

STUDENT'S CONSENT AND AGREEMENT

I, _____ agree to obey all the rules of The River Church and The River Youth. I agree not to bring cigarettes, alcohol, secular music, pornography, or any thing that I know does not belong on a Christian event. I also agree not to engage in swearing, public displays of affection, fighting and arguing. I also agree to participate in the activities of The River Church and The River Youth and to come with an open mind and heart, and expectancy for God to do something in me.

(Signature)

(Date)