

**EON Student Ministry
2020 Parental Consent Form
Emergency Medical Release & Liability Waiver**

Student Name: _____ DOB: _____

Address: _____ City: _____

Zip Code: _____ School: _____ Student's Cell Phone: _____

Student Email: _____

Emergency Information

Parent/Guardian Name: _____ Phone: _____

Email Address: _____

*(this email **will** be used by EON Student Ministries to inform parent of pertinent information regarding ministry events and activities)*

In an emergency when a parent/guardian cannot be reached, please contact the following:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Please identify any allergies to food and medications *(please rate reaction level to mild, moderate, or severe):*

Please list all current medications: _____

DISCLAIMER

Experience Community Church, EON Student Ministries and its leaders and volunteers are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Experience Community Church and all related activities associated with the Experience Community Church, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF Experience Community Church allowing my child to participate in events, activities, or travel with EON Student Ministries and all related activities associated with the Experience Community Church, including participation in the Youth Ministry from **January 1, 2020 through December 31th, 2020** inclusive, and all activities related to the Youth Ministry (collectively referred to as the “Activities”), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF Experience Community Church allowing my child to participate in the Activities, I agree on behalf of my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to me or my child’s participation in the Activities.
2. **TO WAIVE and RELEASE Experience Community Church** from any and all liability for any loss, damage, injury or expense that I or my child may suffer.
3. **TO INDEMNIFY and HOLD HARMLESS Experience Community Church** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child’s participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS Experience Community Church** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child’s participation in the Activities.

Acknowledgment of Parent or Guardian of Participant:

I, the undersigned Parent or Guardian of the Participant, hereby authorize and consent to my child’s involvement in EON Student Ministries, including any use of private or public transportation deemed necessary by the persons in charge for Participant travel to and from EON Student Ministry activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Ministry activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth Ministry. We also understand that the participant may be photographed or appear in video for such purposes as the Experience Community Church deems necessary.

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by signing this agreement voluntarily, I am agreeing to abide by its terms.

This Consent, Authorization and Acknowledgment shall be effective from and including January 1st, 2020 to and including December 31th, 2020.

Signature of Parent or Guardian *Date*

Signature of Student (18 years or older) *Date*

Printed Name of Parent

Printed Name of Student (18 years or older)