



Restoration Students Shine On Beach Camp 2020
Parental Consent, Certification, and Medical Authorization



Child's Name _____ Date of Birth _____

Parent/Guardian Name _____ Number _____

Medical and Insurance Information

Family Insurance Company _____ Policy/Group # _____

Any Medical Conditions/Allergies? Yes ____ No ____ (If YES Please List Below)

List any prescription drugs the student takes on a regular basis; state frequency and dosage for each.

Emergency Contact other than parent/guardian _____ Phone _____

Relationship _____

LIABILITY WAIVER

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in the Shine On Beach Camp with Restoration Church on July 27-31, 2020. Knowing that Restoration Church will always try to act responsibly, I fully release Restoration Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in our behalf against said church, representative or staff.

- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of my student until you are able to reach me personally.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church(es), the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating in any event.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event.
- In case of the injury of my student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them.
- I likewise release from responsibility any adult transporting my student to and from the event/activities.
- I agree to provide medical insurance information for my student.
- I consent to allow the church to use pictures/video/media of my student for promotional purposes only.

Signature of Parent or Legal Guardian

Date

*******PLEASE COMPLETE THE ADDITIONAL COVID-19
LIABILITY WAIVER*******