

AREA 56

Event Participation Form

June 2017 - June 2018

We give consent for _____ (name of minor) to attend any AREA 56 event being sponsored by Black Rock Congregational Church from the month of June 1, 2017 through June 30, 2018.

In the event that he or she is injured or becomes ill while under the care of Black Rock Church and its representatives (including but not limited to Joel R. Knecht, Timothy D. Blow and/or Andrew Schnepf) and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

We further agree to hold the licensed physician, the medical facility, Black Rock Church and its' representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

We understand that transportation may be required to these events in Connecticut and that parents, adult leaders, and church staff will be driving their own vehicles and church vehicles. I/We understand that all reasonable safety measures will be taken when transporting my child to and from these events, and I will not hold the drivers or church liable for any motor vehicle incidents, and do hereby release the drivers, Black Rock Church, its employees and officers, jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by my child.

We understand the nature of the events and do hereby release Black Rock Church and its' representatives from any liability due to accident or injury incurred by my child.

Signed: _____
_____ Date: _____

Initial here if you desire BRC to **NOT** use photos or video of your son/daughter for promotional purposes. All use of photos and videos will be for appropriate and God-honoring purposes and help to show some of the great things we do at AREA 56. _____

Black Rock Church**203-255-3401**www.blackrock.org

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent or guardians immediately in the event of injury or other emergency!

Name of Parent or Guardian _____
Grade of Minor _____ D.O.B. ____/____/_____
Address _____ Zip _____
Phone: Home () _____ Work () _____
Cell () _____
Parent email _____ Student email _____
School _____
Emergency Contact if parents can't be reached _____ Phone: () _____
Special Medications or Medication Allergies _____

Health Insurance Information:

Name of Insurance Company _____ Phone () _____
Policy # _____ Group # _____
Family Doctor _____ Doctor's Phone () _____

*******Please attach a photocopy of your child's insurance card to this form!*******