

Event Participation Form

June 2017 - June 2018

I/We give consent for _____ (name of minor) to attend any FUSION event being sponsored by Black Rock 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 Timothy D. Blow, and/or Andrew T. 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.

I/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.

I/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.

I/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 FUSION. _____

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!*******