

LIABILITY RELEASE FORM

Real Life Church – 26201 180th Ave. SE - Covington, WA 98042 – 253.631.4163

**Please complete with signature and turn in to UD or RLC or email to Niki@reallifechurch.com by 8/14. This release form is good for the year of 2017*

NAME _____ BIRTH DATE _____

PARENTS NAME _____

ADDRESS _____

CITY _____ ZIP _____ PHONE# _____

CELL PHONE: _____

IN AN EMERGENCY NOTIFY _____ PHONE# _____

DOCTOR _____ PHONE# _____

HEALTH HISTORY:

Allergies and other conditions:

- | | | | |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Drug | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Food |
| <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Physical Handicaps |

Are any of these conditions or reactions life threatening? Yes No

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions, daily medications):

If applicable, date of last Tetanus shot: _____

Name and dosage of any medications that must be taken:

Any swimming restrictions: Yes No Any activity restrictions: Yes No

Please expand: _____

Insurance Information:

Carrier's Name: _____ Policy # if available _____

Please check the appropriate spaces:

I do _____ do not _____ give permission for my child to be given:

Tylenol ____ Ibuprofen ____ Benadryl ____ at my child's request.

I give my permission to Real Life Church and its leaders to obtain any emergency medical treatment they deem necessary to my child/teen's well being. I release, forever discharge, and agree to defend, indemnify and hold harmless Real Life Church, its staff and its leaders from any and all claims, demands, or causes of action, which are in any way connected with my child/teen's participation in an activity, including injuries or damages.

Parent/Guardian Signature

Date

Please turn page over

CASCADES (MUST FILL OUT)

Cascades Camp Parental Authorization and Waiver of Liability

I am the parent/guardian of _____, and do now authorize my child to participate in **Paintball, Rubicon Course, Climbing Tower, Zipline, Waterfront and Horse Riding activities** at the Cascades Camp and Conference Center. I understand that the camp environment and these activities pose actual and significant risks to personal health and safety. I acknowledge that the behavior of horses is not always predictable and can be dangerous. I understand that Camp rules, policies and instructions do not guarantee the behavior of a horse or my child's safety. I give consent for my child to participate in these activities and agree to hold harmless the North Pacific Conference, the Cascades, and the camp staff in the event of injury at camp, and I waive any claim I might have against the camp, North Pacific Conference, or staff for injury to my child. I give consent for medical care in the event of injury or illness. I give permission for use of photos of me or my family in publications and release my right to any remuneration from said photos.

Signature of Parent or Guardian: _____ **Date:** _____

Parent/guardian name (print): _____ Phone: (_____) _____

Group bringing child to Cascades: Real Life Church