

## Restore Life Program Participation Waiver

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent/guardian Email: \_\_\_\_\_

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my heirs of minors in my care. The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Restore Life allowing the undersigned to participate in the above named program and activities for which or in connection with which Restore Life has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge Restore Life, its members individually, and its officers, agents and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named program and activities. Restore Life staff may also sign on behalf of participant for any forms from our partner ministries we bring participants to join in activities with.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge Restore Life, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in their programs and activities.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Parent Initial:**

\_\_\_\_\_ Release and waiver of Liability

I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

\_\_\_\_\_ Photography Permission

We give permission to use this participant's likeness in either photographic or video-taped promotional materials.

**Treatment Authorization and Permission**

\_\_\_\_\_ I authorize Restore Life staff to administer immediate and emergency medical treatment, including (1) transporting your child to a hospital emergency room or (2) calling the local rescue squad or ambulance.

- 1) Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) Does the participant take any medication on a regular basis? Will the medication need to be administered during program hours?  
If yes, list medications and directions for taking the medicine.

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Person**

Name of emergency contact person(s) authorized to pick up participant (in case parent/guardian is unavailable)

Name \_\_\_\_\_ Phone: \_\_\_\_\_