

The Orchard Community Church

Consent/Release Form

This form must be completed for all children and youth and have the signature of a parent or guardian before they can participate in OCC activities. **All sections must be completed.** Please print legibly.

Participant Information

Last Name _____ First Name _____

Date of Birth _____ Age _____ Sex _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

In Case of Emergency

Person #1 _____

Relationship _____ Cell Phone _____

Phone (day) _____ Phone (night) _____

Person #2 _____

Relationship _____ Cell Phone _____

Phone (day) _____ Phone (night) _____

Medical Profile

Generally, participant's health is (check one) _____ Excellent _____ Good _____ Fair _____ Poor

If fair or poor (or if participant has physical limitations), please explain condition: _____

List any medical difficulties for which you are currently being treated: _____

List any medications you are currently taking (all prescription meds must be in pharmacy container with doctor's name):

List any medicines or substances to which you are allergic: _____

Family Physician _____ Phone _____

Physician Address _____

Insurance Company: _____ Phone _____

Policy number _____

Authorization for Medical Treatment

For myself and for and/or on behalf of my participating child/grandchild under age 18, I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatment, and administer medication to participant as deemed necessary by a physician or emergency medical personnel.

Release of All Claims

For and in consideration of participation in The Orchard Community Church activities, I hereby acknowledge that we understand that there could be some risks involved, and we hereby assume all such risks. I hereby release The Orchard Community Church, Inc. (OCC) and all of its agents, employees, officers, and directors, including all event staff, from any and all risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, death, property damage, and personal or proprietary rights, and hereby hold OCC harmless and agree to fully indemnify OCC from and against any and all claims.

I hereby personally assume full responsibility for any and all claims and for any and all hospital and medical bills for myself and participant. I hereby certify to OCC that I have obtained and will maintain in full force and effect adequate primary medical insurance for myself and participant. In the event it is necessary for me or participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Consent to Use and Publication of Image

I hereby give OCC the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotape images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during and/or after the event and to circulate same in any and all forms and media for art and advertising, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional, and printed copy and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold OCC harmless and fully indemnify OCC from and against any and all claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all claims for violation of any personal and all proprietary rights me or the Participant may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

Please complete and sign below (participant and parent/guardian signature).

I understand and agree to the terms enclosed for participation in OCC Events and grant permission for participant to engage in all event activities.

Participant's Signature: _____ Date _____

Parent/Custodial Signature _____ Date _____

The following to be completed by the notary witnessing parent's/guardian's signature.

The State of _____ The County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____, 2012.

Notary Public, Signature My commiss. expires the _____ day of _____(month), _____(year).