

ARVADA COVENANT CHURCH  
Consent Form for Students Waiver and Release from Liability

I acknowledge that my child's participation in the Arvada Covenant Church youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: camps, athletic games, excursions, mission trips and meetings. I (We) acknowledge that my (our) child's participation in any Arvada Covenant Church youth activity presents risks such that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's participation in the Arvada Covenant Church youth program activities, I (We) agree to the following:

Arvada Covenant Church is not responsible for personal belongings. \_\_\_\_\_(Initial)

I consent to have photographs taken of my student during the Arvada Covenant Church trips and activities. The pictures may be used on the Arvada Covenant Church web page, in future brochures, or in slide shows after the event.  
\_\_\_\_\_(Initial)

Students are required to wear seat belts while riding in church provided or arranged transportation and are responsible to keep their seat belt on while en route to and from activities. \_\_\_\_\_(Initial)

I hereby take the following action for child, myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE AND DISCHARGE** from any and all claims or liabilities in excess of any available insurance policies for the Church (applicable policy limits are available prior to signing this form) for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Arvada Covenant Church activities, the following person or entities: Arvada Covenant Church, its Senior Pastor, Associate Pastor, Program Staff, Boards, employees, volunteers, representatives, subcontractors and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I AGREE TO INDEMNIFY AND HOLD HARMLESS** the person or entities mentioned above in (a) from any claims made or liabilities assessed against them as a result of my child's actions, and for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of myself or my child in the execution of the Waiver and Release. **I hereby assume the excess risks of my child participating in all Arvada Covenant Church youth activities.** \_\_\_\_\_(Initial)

The undersigned \_\_\_\_\_ (**parent/guardian**), the parent and natural guardian or legal guardian of \_\_\_\_\_ (**minor's name**), hereby executes the foregoing Assumption of the Excess Risk, Waiver, Release and Discharge, Agreement Not To Sue, and Indemnification and agreement to Hold Harmless, for and on behalf of the minor named herein. I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. \_\_\_\_\_(Initial)

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I further agree to pay all charges for the dental, medical, or hospital care or treatment rendered to my child. \_\_\_\_\_(Initial)

**My child has permission to attend all church sponsored youth activities, including but not limited to, the following list:**

Cook-outs, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, volleyball, softball, baseball, Elitches, Water World, Boondocks, camping, rappelling, downhill skiing, snowboarding, white-water rafting, hiking, biking, Rockies games, concerts, Bible studies, golfing, miniature golf, hayride. **NOTE:** If you desire to limit your child's participation in any event, please advise of your restrictions to Arvada Covenant Church in advance of that event.

I authorize the transportation of my child to scheduled church activities by private vehicle. The church does not insure privately owned vehicles and does not test the private vehicles or certify the driving skills of private vehicle drivers.  
\_\_\_\_\_(Initial)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

ARVADA COVENANT CHURCH STUDENT MINISTRY  
MANDATORY HEALTH FORM

PLEASE PRINT IN INK

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell Phone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

*Primary Emergency Contact Person:*

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

*Alternative Contact Person:*

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**MEDICAL HISTORY**

Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the church should be aware, and what, if any, action or protection is required on account thereof: \_\_\_\_\_

Name and dosage of medications that must be taken: \_\_\_\_\_

Self administered? \_\_\_ Yes \_\_\_ No Administered by: \_\_\_\_\_

Does your child have any allergies, medical conditions we should be aware of? If so please list them here:

Does your child have any food allergies we need to take into consideration (peanuts, lactose intolerance, gluten intolerance)? \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Does your student wear \_\_\_ Glasses \_\_\_ Contact lenses?

Should this student's swimming or recreational activities be restricted for any reason? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

Is your child currently on an IEP at their school? \_\_\_ Yes \_\_\_ No

Is there anything else we should know to best meet the needs of your child? \_\_\_\_\_