

RIMROCK EVANGELICAL FREE CHURCH
Liability Release for 2021

I hereby give permission for _____ to participate in **activities with the Rimrock Evangelical Free Church youth group**. I do hereby release, forever discharge and agree to hold harmless Rimrock Evangelical Free Church or the host of a youth events from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature which may be incurred by the participant while participating in youth activities, events, retreats.

Furthermore, I hereby assume all risk of personal injury, sickness, death or damage as a result of participation in youth group activities involved therein. I further hereby agree to indemnify any participating churches, their directors, employees and volunteers for any liability sustained by any participating churches as a result of the negligent, willful or intentional acts of said participant. In signing, I understand that any deposit is non-refundable, for events and activities. I also understand that my student will obey all regulations and follow instructions or be sent home at my expense.

In the event that emergency medical treatment appears to be necessary, I give permission to the sponsors of the event(s) to obtain the services of qualified medical personnel and grant permission to such personnel to perform the diagnostic and/or medical procedures necessary. I agree to pay for all such treatment and to reimburse Rimrock Evangelical Free Church, as necessary, for all costs and expenses incurred by it with respect to such treatment.

Student's Name: _____

Student's Signature: _____ Date: _____

Parent's Name(s): _____

Parent's Signature: _____ Date: _____

Home Phone: _____ Work: _____

Dad Cell: _____ Mom Cell: _____

Doctor name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Medical Conditions/Allergies we should be aware of: _____

*If you already have a Rimrock Liability Release on file, you only need to complete the portion below.
To check if your student has a Liability Release on file, please contact Josh Hodgson at 218-766-0981.*

FALL ADVANCE 2021 AT CAMP JUDSON
Parent Permission Slip

I hereby give permission for _____ (student name) to attend the Fall Advance at Camp Judson on October 29-31, 2021.

Student Age: _____ Grade: _____ Sex: Male Female *T-shirt size: SM MD LG XL

Parent Name: _____ Parent Signature: _____ Date: _____

**To guarantee your shirt size, return this form & your \$80 payment before Oct 13.
Please return your form*