

# GRACE BIBLE FELLOWSHIP - YOUTH ACTIVITIES CONSENT FORM 2024/25

## SPONSOR & ACTIVITY INFORMATION

Name of sponsoring organization: Grace Bible Fellowship in Stayton

Address: PO Box 24, Stayton, OR 97383 Phone: 503-979-2141

Name of sponsor's coordinator: David Giglio Phone: 503-979-2141

Name of the Activity: Cultivate Youth Group & Special Youth Events

Description of activity: Weekly Youth Group which includes a variety of indoor and outdoor games, worship, teaching, etc. Youth Group Special Events which may include a variety of activities as well as travel in an approved leader's vehicle with other students to and from events.

Date(s) and location of activity: Cultivate Youth Group takes place each Wednesday during the school year at Stayton Christian Church. Special Youth Events may take place on a variety of locations and dates. These dates and times will be advertised and made available to parents and authorized guardian's beforehand.

## PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant (youth) \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Youth's phone number (if applicable) \_\_\_\_\_

Youth's email (if applicable) \_\_\_\_\_

## MEDICAL INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Is your youth presently being treated for an injury or sickness or taking any medication?  Yes  No

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

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

Asthma  Hay Fever  Kidney Disease  Diabetes  Heart Murmur  Seizure Disorders

Please explain. \_\_\_\_\_

Does your youth have any allergies? Please list all applicable allergies: \_\_\_\_\_

Is your child taking any regular medications that would be helpful to be aware of?: \_\_\_\_\_

Does your youth ever sleepwalk?  Yes  No

Youth's blood type \_\_\_\_\_ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity?  Yes  No

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

Is the sponsor authorized to approve medical treatment for the participant (required) ?  Yes  No

Is the participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

### **PARTICIPATION AGREEMENT**

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the parent/guardian acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The parent/guardian accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the parent/guardian releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or Otherwise.

If a dispute over this agreement or any claim for damages arises, parent/guardian agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the parent/guardian and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **YOUTH PLEDGE**

I hereby (participant) pledge to uphold all policies of the Cultivate Youth Ministry of Grace Bible Fellowship. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult leaders, including safety instructions. I understand that my failure to do so may result in removal from one or multiple youth activities.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_