

Permission, Waiver and Release Form

Please print off this form, fill it out, and return it to the following address via mail:

Vineyard Community Church
ATTN: SOS Medical Release
11340 Century Circle East Cincinnati, OH 45246



First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Home Church: _____

Gender: M F Birth date: ____/____/____ Grade Fall 2010: _____

I give permission for my above named student to join the Vineyard Community Church for the SOS 2010 Conference from June 21-25, 2010. I authorize Vineyard Community Church Staff and _____ (leader from church) to act as agents for me, to consent to any emergency medical treatment and/or hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state of Ohio. I expect to be contacted as soon as practicable in the case of an emergency.

In consideration of the acceptance given the undersigned by Vineyard Community Church for participation in the Summer of Service Conference from June 21 to June 25, 2010 and related events and activities ("ACTIVITY"), the parent and/or guardian of the Participant, possessing the legal authority to consent to the Participant's participation in ACTIVITY, **DOES ON BEHALF OF THE UNDERSIGNED AND THE PARTICIPANT, AND THE PARTICIPANT'S HEIRS, EXECUTORS AND ADMINISTRATORS, ACKNOWLEDGE AND ASSUME THE RISKS INHERENT IN ACTIVITY AND HEREBY FOREVER RELEASE AND DISCHARGE VINEYARD COMMUNITY CHURCH, ITS EMPLOYEES, PRINCIPALS, AGENTS, INSURERS, SUCCESSORS, AND ASSIGNS, AND EACH SPONSOR AND PARTICIPATING OR PARTNERING ORGANIZATION OR INDIVIDUALS PARTICIPATING OR ASSOCIATED WITH VINEYARD COMMUNITY CHURCH OR ACTIVITY, FOR AND FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, CONTROVERSIES, DAMAGES, ACTIONS, AND CAUSES OF ACTION ARISING OUT OF, OR RESULTING FROM THE PARTICIPANT'S PARTICIPATION IN ACTIVITY, INCLUDING BUT NOT LIMITED TO ALL LIABILITY, CLAIMS, OR DEMANDS FOR PERSONAL INJURY, SICKNESS, OR DEATH, AS WELL AS PROPERTY DAMAGE AND EXPENSES ARISING OUT OF, DIRECTLY OR INDIRECTLY, ACTIVITY.** The undersigned represents that he or she fully understands the intent, meaning and import of this Release and has read the same prior to signing. The undersigned, by signing this Release, authorizes the aforementioned parties to provide or furnish any necessary transportation, food, or lodging associated with this ACTIVITY, including permission to stay at a host home provided by Vineyard Community Church.

The undersigned irrevocably consents to and authorizes Vineyard Community Church to copyright and publish any photographs, audio tapes and/or video tapes taken of the Participant for use in any of Vineyard Community Church's printed publications, audio visual presentations or productions and/or online presentations. The undersigned also waives, without any further compensation to the undersigned, the right to approve the final product and hereby releases, discharges and agrees to hold Vineyard Community Church harmless from any claims for invasion of privacy, defamation or any other cause of action arising out of the production, distribution, broadcast or exhibition of the work in which the Participant appears.

The undersigned hereby agrees to indemnify and save harmless the aforementioned parties, their employers, employees, principals, agents, insurers, successors, and assigns from any liability incurred by said parties resulting from the negligent, willful, wanton, or intentional acts of the undersigned or the Participant. The undersigned further agrees on behalf of the Participant, to abide by any rules and regulations distributed by the parties, and further agrees, on behalf of the Participant, to adhere to the directions of those in authority and leadership for the ACTIVITY.

PARTICIPANT (Please Print)

PARENT OR GUARDIAN SIGNATURE

PARTICIPANT'S SIGNATURE

DATE:

Medical Insurance Company: _____

Policy #: _____ Member's Name: _____

Medications being taken: _____

Allergies, Handicaps, or Limitations: _____

Emergency Contact Numbers:

Name: _____ Telephone#: _____ Relation: _____

Name: _____ Telephone#: _____ Relation: _____

Name: _____ Telephone#: _____ Relation: _____