

SANCTUARY CHURCH

Activity Information

<u>SANCTUARY CHURCH</u>	<u>2024 NUT TREE RD., VACAVILLE, CA 95687</u>	<u>JULY 5, 12, 19, 26 2023 6PM-8PM</u>
Sponsor/Church Name	Location	Date/Time

SUMMER BLAST
Name of Event

SCOTT AND HEATHER TUTTLE – LEAD PASTORS

Name of Organizer

Participant Information

To be completed by a parent or an authorized guardian if participant is a minor.

Name _____ E-mail _____

Phone Number

Address	City	State	Zip
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My child will attend on (check all that apply): ☐ 7/5 ☐ 7/12 ☐ 7/19 ☐ 7/26

Emergency Contact Information

Name _____ E-mail _____

Daytime Phone Number Evening Phone Number

Is sponsor authorized to approve medical treatment? Yes No

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

If yes, please provide:

Insurance Provider _____ Policy or Group Number _____

Participant Agreement By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor and/or its representatives, including employees, and/or its volunteers, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsor listed above and its representatives, including employees, and its volunteers, for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Is the participant on any medication or allergic to anything? Yes No

If yes, please list:

Restricted Activities

The undersigned being the lawful parent(s) and/or guardian(s) of the above child (the child) hereby consent to the participation by the child in the activity listed above conducted by the Organizer listed above and to the participation of child in all the events relating to the activity on the dates listed above. The undersigned hereby certifies that the child is able to participate in the above described activity without limitation, except the Restricted Activities listed above.

The undersigned hereby further authorizes any of the employees, agents and/or representatives of the Organizer to (i) provide for, approve and authorize any health care at any hospital, emergency room, doctor s office or other institution; (ii) employ any physicians, dentists, nurses or other person whose services may be needed for such health care; (iii) review and, if necessary, disclose the contents of any confidential medical records; and, (iv) execute consent forms required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child.

The undersigned acknowledges completion of a health history form which is attached hereto. (Please list any updates here that are to be noted since completion of the most recent form):

If there is no medical emergency the Organizer will first use reasonable efforts to contact the parent and/or guardian before agreeing to authorize any treatment.

Notwithstanding any of the provisions of this consent form, Organizer shall not have the authority to withhold or withdraw lifesaving procedures for the child.

☐ By checking the box, I agree to the organization using photos from the event that my child may be in for advertising purposes both now and in the future.

Parent/Guardian Agreement

Printed Name of Parent or Guardian
Individually and on behalf of the Child

Signature of Parent or Guardian

Printed Name of Parent or Guardian
Individually and on behalf of the Child

Signature of Parent or Guardian