

RBC WAIVER AND MEDICAL FORM

Activity Information

Event: RBC Youth Summer Camp 2020

Sponsoring Organization: Reston Bible Church

Address: 45650 Oakbrook Court Dulles, VA 20166

Telephone: 703-404-5010

Name of Sponsor Coordinators: Aaron Osborne and Bob Shull

Date and location of activity: July 20-24, 2020 at Reston Bible Church, 45650 Oakbrook Ct, Dulles VA

Participant Information

1. First Name _____ Last Name _____

2. First Name _____ Last Name _____

3. First Name _____ Last Name _____

4. First Name _____ Last Name _____

Parent/Guardian Name(s) _____ Primary Phone _____
(or Primary Emergency Contact)

Alternate Emergency Contact: _____ Primary Phone _____

Relationship to Student(s): _____

Medical Information:

Please list any medical conditions or allergies for each student. (Include the severity of the allergy):

Health Insurance Company: _____ Policy Number _____

Insurance Co. Address: _____ Phone: _____

Emergency Treatment Authorization

I, _____ parent or guardian of, _____

hereby authorize Reston Bible Church, by and through its staff, agents, or employees to request and consent to emergency medical, surgical, or dental treatment for my child in the event of injury or illness. Each health care provider is authorized to initiate such treatment, tests, and care that in their judgment is deemed necessary under the circumstances of the illness or injury. I hereby agree to be responsible for and pay, either directly or through my hospitalization insurance, all medical, surgical, or dental expenses incurred for emergency health care authorized by the staff, agents, or employees of Reston Bible Church. I understand that Reston Bible Church will endeavor to contact me as soon as practical upon authorizing such emergency health care.

Parent's Signature: _____ **Date:** _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the event (described above), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the Event. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Event, as well as for any medical treatment rendered to the Participant that is authorized by Reston Bible Church or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Event Sponsor for any injury arising directly or indirectly during the Event, whether such injury arises out of the negligence during the Event by the Sponsor, the Participant, or otherwise.

I further release Reston Bible Church to use any photograph or video of the Participant for promotional or educational purposes.

If a dispute over this agreement or any claim for damages arises, the Participant (or Parent/Guardian) agrees to resolve the matter through a biblical approach to dispute resolution, following the informal process described in Matthew 18 or, if necessary, Christian conciliation such as that described in the rules of the Institute for Christian Conciliation (www.HISPEACE.org), in lieu of litigation.

Signature: _____
(Participant **or** Parent/Guardian **IF** participant is under 18)

Date: _____