**********Decades Roller Skating Student Medical Release Form**********

Activity Information: Sponsored by: Reston Bible Church | 45650 Oakbrook Ct. Dulles, VA 20166

Sponsor Coordinators: Lee Banton,r | 703-404-5010

Date & Location of Activity: Mar 27, 2022 | Bush Tabernacle | 250 South Nursery Ave, Purcellville, VA 20132

Student Name:_____

Emergency Contact Information:

Parent/Guardian Name(s)_____ Primary Phone: _____

Alternate Phone: _____

Medical Information: My student has the following medical conditions or allergies *(Please indicate severity)*:

Medical Insurance Company: _____

Policy Number _____

Insurance Co address: _____ Phone: _____

I agree to the following guidelines:

- I give permission for medical attention to be given to my child in case of an accident, illness, or injury, including major surgery. I understand that I will be contacted as soon as possible in case of such an incident and that every effort will be made to contact me or my emergency contact before treatment is initiated.
- I agree to be financially responsible for any injury or other loss sustained, as well as to pay, either directly or through insurance, all medical or dental expenses incurred for emergency health care authorized by employees or agents of RBC.
- I acknowledge and accept the risks of injury associated with participation. I release from liability, promise to indemnify, and hold harmless RBC and any party acting for RBC for any injury arising directly or indirectly out of the Activity, even if the injury arrises out of negligence.
- I release RBC to use any photograph or video of my child for promotional or educational purposes.
- I realize that I am requesting the Youth Ministry Staff to oversee my child. If he/she is unable or unwilling to respond to their oversight, I commit to personally pick up and bring my child home.

Signature of Parent/Guardian _____ **Date**_____