

ACTIVITIES AGREEMENT

As parent or legal guardian, I grant permission for _____ to attend the following outing(s) with Eagle Point Community Bible Church ("EPCBC"):

- _____ Sunriver Retreat
- _____ Lake Shasta Retreat
- _____ Box R Retreat
- _____ Winter Activities (including skating, tubing, skiing/snowboarding, etc.)
- _____ Summer Activities (including rafting, camping, swimming {pools, lakes, and rivers), hiking, etc.)
- _____ Overnight activities (such as 30 hour famine, new years eve, etc.)
- _____ Other (please specify)
 - please initial next to all that apply

Medical Information and Authority

As the above named child's parent or legal guardian, I authorize Eagle Point Community Bible Church and/or its representative or agent to authorize any and all necessary medical, dental, and/or hospital treatment in the event of accident, illness or injury to the above named child.

Health Insurance: _____ Policy #: _____

Group #: _____

Named Insured: _____

Primary Care Physician: _____ Physician's Phone#: _____

Please list and explain any allergies, medications, dietary restrictions, the date of the child's last Tetanus shot, and any other pertinent medical information:

On behalf of my minor child participant who is under 18 years of age, being reasonably and duly aware of the risks and hazards inherent in participating in such activities, I agree to release, forever discharge, and agree to hold harmless EPCBC, it's Board of Directors, employees, and volunteers from any and all claims, demands, actions, or causes of action which may arise due to personal injury, sickness, death, or property damage as a result of the child's participation in the designated event or activity, travel to or from said event, or any actions of the associated agents of EPCBC. This agreement includes any and all actions performed by EPCBC or its agents, including but not limited to negligent acts.

In the event that the participant needs to return home due to medical reasons, disciplinary actions, or otherwise at the sole discretion of EPCBC or its agents, we/I agree to pay for any and all costs associated with such transportation. Furthermore, if the above named child takes alternate transportation in association with this event or activity, I accept any and all risks associated with such transportation. This agreement fully applies to such travel and its inherent risks.

The above named child has my permission to participate in the above named EPCBC event or activity. I freely, voluntarily, and expressly accept and assume the risks and expenses associated with this event or activity and associated travel.

While involved with the named event or activity, the above named child is under the authority and direction of the agents of EPCBC. I understand that the use or possession of alcoholic beverages, illegal drugs, tobacco products, fireworks, firearms, foul language, and abusive or lewd behavior are strictly prohibited. The event or activity will be conducted in accordance with the standards set forth by the leadership of EPCBC. I understand that any variance from these standards will result in immediate expulsion, and I may be required to pick up the child immediately at my own expense. I understand that this event or activity is being conducted by a Christian organization, and will include a spiritual emphasis, and further agree to allow my child to fully participate.

While participating in the previously mentioned activities, I understand that pictures and videos of the group may be taken. The purposes of these photos and videos may include, but not be limited to, event promotional media, trip summaries, newsletters, etc. This media may also be posted on the church website / social networking pages. If you would like your child to be excluded from these types of media outlets, please initial here: _____

I have read, understand, and have discussed the implications of this form with my child. My child and I both agree to comply fully with all requirements enumerated in this agreement.

Print Participant Name: _____ Signature: _____

Parent/ Guardian Name: _____ Signature: _____

Parent/ Guardian Name: _____ Signature: _____

Date: _____ Home Phone: _____ Work/Cell Phone: _____

Alternate Contact Name: _____ Phone: _____

Both Parents Must Sign Unless Legally Separated or Divorced, in Which Case Custodial Parent Must Sign. Participant Must Sign.