

## + Student Event Release and Agreement Form 2019-2020

> name: \_\_\_\_\_ gender \_\_\_\_\_

> address: \_\_\_\_\_

> city, state, zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

> home phone: \_\_\_\_\_.

> school: \_\_\_\_\_ > grade: \_\_\_\_\_

> birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

> email: \_\_\_\_\_

> parent's/guardian name(s): \_\_\_\_\_

>cell phone: \_\_\_\_\_

>in case of emergency notify \_\_\_\_\_

>phone \_\_\_\_\_ >relationship \_\_\_\_\_

>clinic \_\_\_\_\_ >city \_\_\_\_\_

>doctor \_\_\_\_\_ >phone \_\_\_\_\_

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**+ Media Release**

In consideration of Woodland Hills Church's agreement to incorporate visual likenesses, names, voices, audio visual material and sound recordings in one or more of its communications works (the "Works"), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant Woodland Hills permission to use, adapt, modify, reproduce, distribute, publicly perform and display, in any form now known or later developed, the visual likeness, name, voice, audiovisual material and sound recordings of my child/children (see below) throughout the world, by incorporating them into one or more Works or advertising and promotional materials relating thereto. I release Woodland Hills, its employees and volunteers from any and all claims I may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, reproduction, adaptation, distribution, broadcast, performance or display of the Works. I waive any right to inspect or approve any Works that may be created containing the visual likenesses, names, voices, audiovisual material and sound recordings. I understand and agree that Woodland Hills is and shall be the exclusive owner of all right, title and interest, including copyright, in the Works, and any advertising or promotional materials containing the visual likenesses, names, voices, audiovisual material and sound recordings except as to preexisting rights in any of the photos/pictures released hereunder. I am of full legal age and have read this release and am fully familiar with its contents.

**+ Lifestyle Agreement**

I agree to exhibit proper behavior, respecting the authority of the Woodland Hills Church Youth Leaders and respecting other people. I also agree to not use illegal substances while at youth activities (i.e. drugs, alcohol, tobacco etc.) I understand that not following these guidelines could prevent my attendance at future youth activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and agree with the Liability, Media release and Lifestyle agreement. By signing this I assure that my child or the child in my care has also read and agreed to the above statements.

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## **+** Health History

Allergies \_\_\_\_\_ Drugs \_\_\_\_\_ Food \_\_\_\_\_  
Other Allergies \_\_\_\_\_

Other Conditions

\_\_\_Diabetes \_\_\_Hay Fever \_\_\_Physical Handicap \_\_\_Heart Condition  
\_\_\_Frequent Colds \_\_\_Epilepsy \_\_\_Chronic Asthma \_\_\_Frequent Stomach Upsets

If you checked any of the above, give details (i.e., normal treatment of allergic reactions):

Date of last tetanus shot: \_\_\_\_\_  
Name & dosages of meds that student takes: \_\_\_\_\_  
Any swimming restrictions: \_\_\_Yes \_\_\_No  
Any activity restrictions: \_\_\_Yes \_\_\_No  
If yes, what restrictions: \_\_\_\_\_

## **+** Insurance Info

Woodland Hills Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is participating in a church-related activity.

Do you have health insurance? \_\_\_Yes \_\_\_No

Name of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the Woodland Hills Church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

## **+** Liability Release

I am aware of the risks associated with participation in Echo events and trips. I hereby release Woodland Hills Church, its agents, employees, and volunteers from any liability whatsoever arising from such risks including but not limited to death or personal injury by sickness, disease, weather, terrorism, damage or theft which may be sustained by me or the minor in my care during the course of activities and events with Echo. I do further give my consent to staff members and properly appointed volunteers of Woodland Hills church to administer medical treatment or medication to me or the minor in my care in the case of an emergency. I further agree to the performance of treatment, anesthetics and operations deemed necessary for me or the minor in my care in the opinion of the medical personnel present. I understand that while I participate in any Woodland Hills Church sponsored activities, I am responsible to abide by the rules set forth by Woodland Hills Church, its agents, employees and properly appointed volunteers. Any serious infraction of the rules or conduct can result in dismissal from the event or trip and removal from all activities associated. In the case of such a dismissal I, the undersigned, agree to assume the cost of returning to my home. I also agree to forfeit any possible refund. I understand that Woodland Hills Church is a non-profit organization registered in the State of Minnesota and that due to IRS regulations, all contributions made to Woodland Hills Church are non-refundable.

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