

RHFC YOUTH MINISTRIES
2019 CONSENT FORM

The undersigned does hereby give permission for my child, _____ to **attend and participate** in activities sponsored by Rose Hill Friends Church during the year 2019.

I have reviewed the **rules of the activities** and agree that the subject of this release will abide by them. I also acknowledge that if the subject of the release has to return home early for discipline violations, medical reasons or otherwise, it will be at my expense.

I understand all reasonable **safety precautions** will be taken at all times by Rose Hill Friends Church during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I agree not to hold Rose Hill Friends Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

The undersigned does also give permission for my child to **ride in any vehicle** designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Rose Hill Friends Church.

Parent/Guardian Name (Please Print)

Student Name

Parent/Guardian Signature

Date

Address/City/Zip

(W) Phone #

(H) Phone #

Health/Med. Insurance Company

Policy Number

Please list any **allergies** and/or **medical conditions** the subject of this release may have. Also list any **prescription medication** he/she may be taking at this time.