

# ROSE PARK REFORMED CHURCH

## **LIABILITY WAIVER**

I, \_\_\_\_\_, as the parent or guardian of \_\_\_\_\_, wish to have him/her take part in organized youth events with Rose Park Reformed Church. I understand that participation in these events by my child is completely voluntary. I understand that these events are offered as optional activities for the benefit of the participant and there are no requirements to participate. I fully understand that it is my responsibility to provide insurance for my son or daughter and that Rose Park Reformed Church is not providing insurance and cannot be held liable for any accident or injury that occurs while my son or daughter is participating in church sponsored events.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **INSURANCE FORM**

Do you have hospital insurance? YES NO

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Physician \_\_\_\_\_ Phone number \_\_\_\_\_

## **EMERGENCY CONTACTS**

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

## **MEDICAL AUTHORIZATION**

I hereby grant permission to take my son / daughter to a doctor or hospital for medical treatment and I also authorize medical and hospital personnel to administer medical care and treatment, including emergency surgery if deemed necessary. I also agree to assume responsibility for all medical bills resulting from these services.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **IMAGE RELEASE**

I/We hereby give permission for images of my child, captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of the programs promotional material and publications, and waive any rights of compensation or ownership thereto.

Signature \_\_\_\_\_

Date \_\_\_\_\_