

THE WEEKEND 2020
Parent Waiver and Insurance

Liability Waiver:

My name is (GAURDIAN NAME BELOW) and by this instrument, I do hereby release, acquit, hold harmless and forever discharge MISSION CITY CHURCH, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by (STUDENT NAME BELOW) while participating in any activity, or activities, including travel to and from such activities and any negligence or lack of care due or claimed to be due to the conduct of an agent, servant, or employee of MISSION CITY CHURCH. By signing the agreement, I give permission for (STUDENT NAME BELOW) to receive medical attention in the event of an emergency. It is my responsibility to provide current and correct insurance information in the event of an emergency. It is my responsibility to provide current and correct insurance information to the Student Ministry offices and my responsibility to update such information should it change with in the year.

Medical Waiver:

I hereby give permission for my child to attend and participate in THE WEEKEND sponsored by Mo Ranch, MISSION CITY CHURCH and the MISSION CITY Students Ministry. I certify that, to my knowledge, my son/daughter has not been exposed to any contagious disease within the past 30 days. I give my consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by representatives of MISSION CITY CHURCH. I also give MISSION CITY CHURCH and its representatives permission to transport my child at their discretion in case of emergency. I hereby agree to hold MISSION CITY CHURCH, their agents and employees harmless of any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my child, property, even injury resulting in death, which I now have or which may arise in any future connection with this activity or participation in any other associated activities. Any lack of cooperation with policies/rules will result in my child returning home at my expense.

Media Waiver:

I understand and will allow photos and videos of my child to be taken while at THE WEEKEND to be used in any MISSION CITY CHURCH publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/Worldwide Web and that after publication the church will be unable to prevent persons form gaining access to the Internet/Worldwide Web, copying my photographs and video from there, and subsequently using, altering, or republishing them without my consent. I waive any claim for damages against the church from unconsented use, alteration, or republication of my photographs and video by third parties accessing the Internet/Worldwide Web.

If you, as the Guardian of the student(s) are registering, agree to these terms, please sign in the space below.

(please print)

Guardian Name _____

Student Name #1 _____

Student Name #2 _____

Student Name #3 _____

Guardian Signature _____

Date _____

MISSION CITY STUDENTS MEDICAL RELEASE FORM

(Summer Camp and Mission Trips may require additional release forms)

Student #1 Name _____
 First Middle Last

Social Security # _____ - _____ - _____ Male / Female Date of Birth _____

Student #2 Name _____
First Middle Last

Social Security # _____ - _____ - _____ Male / Female Date of Birth _____

Student #3 Name _____
First Middle Last

Social Security # _____ - _____ - _____ Male / Female Date of Birth _____

Mothers Name _____ Fathers Name _____
Employer _____ Employer _____
Home/Cell phone _____ Home/Cell phone _____
Work phone _____ Work phone _____

In case of emergency contact _____ Relationship _____
Phone _____

Family Physician _____ Phone _____

Is your child taking medications at this time? If yes please list

Insurance Company _____ Policy/Group Number _____
Insurance Company Telephone # _____

Allergies if any, please specify which child

THE WEEKEND PACKING LIST



- Bible (hard copy not cellphone) and Journal/Notebook
- Pen or pencil
- Blanket & pillow (Linens provided)
- Toiletries and weather appropriate clothes for two days
 - * We encourage you to keep up with the weather as it is subject to change.
 - * Towels are provided.
- An extra change of clothes (shorts and non-white t-shirt) for Polar Plunge. You are welcome to wear a swim suit under the shorts and t-shirt.
 - * The river will be cold.
- Any medication taken daily
 - * The nurse will be handling all medications and will also be handling the first-aid station.
 - * Please hand in all medications and special instructions as to taking times etc. during check-in.
- Neon outfit on FRIDAY NIGHT for Late Night Glow Service