

RESTORED CHURCH INFORMED CONSENT FORM

This form must be signed by all participants.

A parent/legal guardian's signature is required if the participant is a minor (under 18yrs).

I/we am/are aware, in signing this document for participation in Restored Summer Escape youth group, trips, and/or events, that certain elements of the program can be physically, mentally, socially, and emotionally demanding. I/we understand that although professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.). Furthermore, I/we am/are aware that certain risks and dangers exist in these activities that are beyond the control of Restored Youth, its' staff, and host families. I/we understand that the Restored Youth staff has the right to deny participation and that it is my (or my son/daughter/ward) responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff. If I/we do not understand specific instructions from the staff at any time, I/we realize that it is my (or my son/daughter/ward) responsibility to ask for clarity and/or assistance. I/we acknowledge that any type of weapons/firearms or any materials that could cause damage or personal injury are strictly prohibited from Restored Youth.

I/We am/are aware, in signing this document for participation in the Restored Youth Summer Escape that I/we authorize the leader of the event to secure such medical advice and services as deemed necessary for the health & safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility:

- where the health and well-being of the applicant is involved.
- where the medical advice has been such that further services are required.
- where reasonable attempts to contact the parent/guardian have failed or where due to the nature of the emergency there is insufficient time to contact parent or guardian
- where benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I/We understand and assume all dangers (hazards and perils) and risks associated with Restored Youth Summer Escape and waive all claims or causes of action arising from my (or son/daughter/ward) participation in the Restored Youth, zip line, rock climbing, and/or lake days; and do hereby release Restored Youth from liability which I may ever have against the program, its successors and assigns, its officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns.

I/We understand and assume all dangers and risks associated with the COVID-19 virus and understand that Restored Youth Summer Escape, to the best of their abilities, take necessary precautions to reduce risk of infection and waive all claims or causes of action arising from my (or son/daughter/ward) participation in the Restored Youth.

I give my consent to medical personnel to treat me (or my son/daughter/ward) in a medical situation. I understand that the camp provides excess medical insurance for each student. I authorize use of photos or videos taken of me (or my son/daughter/ward's) at church for promotional purposes. My signature on this document is also intended to bind my successors, heirs, representatives, administrators, and assigns.

Signed: _____ **Date:** _____
Participant (*Minors must sign*)

Signed: _____ **Date:** _____
Parent or guardian (*if participant is under 18 years*)

MEDICAL DISCLOSURE/ HEALTH HISTORY FORM

We Require Full Disclosure of your Current Health.

Name of Events: Restored Youth Summer Escape Trips **Date of Events:** June 19 to September 4, 2020

Participant Name: _____ Gender: Male Female
Parent/Guardian Name(s) _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ - _____ Other Phone (____) _____ - _____
Email _____ Birth date: _____

In Case of an Emergency, contact:

Primary Contact Name: _____ **Relationship:** _____
Phone-day: (____) _____ - _____ Phone- evening: (____) _____ - _____
Secondary Contact Name: _____ **Relationship:** _____
Phone-day: (____) _____ - _____ Phone- evening: (____) _____ - _____
Physician Name: _____ **Phone:** (____) _____
Insurance Carrier: _____ **Policy #:** _____

1. Are you currently under a physicians' care? YES NO If Yes, explain: _____
2. Are you currently taking medication? YES NO If Yes, explain: _____
3. Do you have allergies? YES NO Please List: _____
4. Do you require special assistance of any type? YES NO If Yes, explain: _____
5. Have you had a recent injury, illness, or operation? YES NO If Yes, explain: _____
6. Do you have diabetes, seizures, frequent fainting/dizziness? YES NO If Yes, explain: _____
7. Do you have any neck, back, or shoulder pain/injury? YES NO
If Yes, explain: _____
8. Do you have a history of heart problems or high blood pressure? YES NO **
9. Which "over-the-counter" medications may the Camp Nurse dispense to you/your child if deemed necessary? (Headache, upset stomach, etc.) Please List: _____
10. Have you been in contact with anyone diagnosed with COVID-19? YES NO If Yes, explain: _____

****If you checked Yes to question #8, please note the following:** Participants with a history of heart problems and/or high blood pressure are at risk while participating on the Initiative Course, Zip Line and/or Adventure Trips, due to the emotional and physical demands involved. Restored Youth cannot guarantee your physical safety should you choose to participate. Restored Youth asks that all participants answering YES to question # 8 acquire a written approval from their physician prior to participation.

I have read the Restored Youth Medical Disclosure Form and fully understand it without question. The information I provided is accurate to the best of my knowledge.

Signed: _____ Date: _____
Participant (*minors must sign*)

Signed: _____ Date: _____
Parent or Guardian (*if Participant is under 18 years*)