

CONSENT FORM ONLY. REGISTER ONLINE at therock.org

THE ROCK 2018 VBS/DAYCAMP PARENTAL RELEASE

Participant's / Volunteer's First & Last Name: _____ is authorized to participate in all activities in The Rock's (check one):

- PRESCHOOL VBS** (select one): **Participant** **Volunteer**
- ELEMENTARY VBS** (select one): **Participant** **Volunteer**
- ELEMENTARY VBS & DAYCAMP - including Water Day and fieldtrips to Elitches, Boondocks, Waterworld, and AMC Theaters** (select one): **Participant** **Volunteer**

I acknowledge that there are certain risks inherent in field trips and VBS/ Daycamp activities, and that all risks cannot be prevented. I release The Rock, its staff, board members and volunteers from all damages, injuries, claims, and causes of action I and/or any family member may have arising out of The Rock's VBS. I represent that my minor child is physically able, without accommodation, to participate in these field trips. I represent my child has obtained the required immunizations. Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that The Rock does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical treatment. I will list below medical conditions that my minor or I have about which emergency medical personnel should be informed. In case of an emergency, please contact me at (please include area code and extension if applicable):

Parent / Guardian Name (if participant or volunteer is under 18): _____

Parent / Guardian Emergency Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Any medical conditions emergency medical personnel should be aware of:

Tetanus shot is current? _____

Medical Insurance Provider: _____

Policy Holder: _____ Policy Number: _____

Signature

Date

Parent / Guardian Signature (required if participant or volunteer is under 18)

Date

THIS FORM MUST BE TURNED IN BY JUNE 8

Email (Catherine@therock.org) OR drop off completed forms at the church office.

Exhibit A

INDEMNIFICATION AND RELEASE AGREEMENT & WAIVER

Name: _____

I agree to indemnify and hold the Douglas County School District, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may be related in any way with the transportation provided to me by Douglas County School District from **The Rock to Elitch Gardens and the return from Elitch Gardens back to The Rock**. This release of liability and indemnity applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Douglas County School District and I agree to bear all costs and expenses related thereto, including court costs and attorney fees, whether or not such liability, claims or demands alleged are groundless, false or fraudulent. I further agree to release, waive and discharge, and covenant not to sue the Douglas County School District for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred on or to me as a result of my participation. This release of liability and indemnity applies to me, the undersigned as well as any of my personal representatives, assigns, heirs and next of kin.

Furthermore, I freely and voluntarily assume any and all risks known or unknown to me that are inherent to the transportation provided to me by Douglas County School District from **The Rock to Elitch Gardens and the return from Elitch Gardens back to The Rock**.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive.

Rider Name	Signature of Rider (or Parent if Rider is under 18)	Date
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Rider Address	City, State	Zip Code
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Exhibit A

INDEMNIFICATION AND RELEASE AGREEMENT & WAIVER

Name: _____

I agree to indemnify and hold the Douglas County School District, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may be related in any way with the transportation provided to me by Douglas County School District from **The Rock to Boondocks Food and Fun Parker and the return from Boondocks Food and Fun Parker back to The Rock.** This release of liability and indemnity applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Douglas County School District and I agree to bear all costs and expenses related thereto, including court costs and attorney fees, whether or not such liability, claims or demands alleged are groundless, false or fraudulent. I further agree to release, waive and discharge, and covenant not to sue the Douglas County School District for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred on or to me as a result of my participation. This release of liability and indemnity applies to me, the undersigned as well as any of my personal representatives, assigns, heirs and next of kin.

Furthermore, I freely and voluntarily assume any and all risks known or unknown to me that are inherent to the transportation provided to me by Douglas County School District from **The Rock to Boondocks Food and Fun Parker and the return from Boondocks Food and Fun Parker back to The Rock.**

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive.

Rider Name	Signature of Rider (or Parent if Rider is under 18)	Date
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Rider Address	City, State	Zip Code
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INDEMNIFICATION AND RELEASE AGREEMENT & WAIVER

Name: _____

I agree to indemnify and hold the Douglas County School District, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may be related in any way with the transportation provided to me by Douglas County School District from **The Rock to Water World, Colorado and the return from Water World, Colorado back to The Rock**. This release of liability and indemnity applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Douglas County School District and I agree to bear all costs and expenses related thereto, including court costs and attorney fees, whether or not such liability, claims or demands alleged are groundless, false or fraudulent. I further agree to release, waive and discharge, and covenant not to sue the Douglas County School District for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred on or to me as a result of my participation. This release of liability and indemnity applies to me, the undersigned as well as any of my personal representatives, assigns, heirs and next of kin.

Furthermore, I freely and voluntarily assume any and all risks known or unknown to me that are inherent to the transportation provided to me by Douglas County School District from **The Rock to Water World, Colorado and the return from Water World, Colorado back to The Rock**.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive.

Rider Name	Signature of Rider (or Parent if Rider is under 18)	Date
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Rider Address	City, State	Zip Code
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Exhibit A

INDEMNIFICATION AND RELEASE AGREEMENT & WAIVER

Name: _____

I agree to indemnify and hold the Douglas County School District, its officers, agents, consultants, and representatives harmless from any loss, damage, or injury, which may be related in any way with the transportation provided to me by Douglas County School District from **The Rock to AMC Highlands Ranch 24 and the return from AMC Highlands Ranch 24 back to The Rock.** This release of liability and indemnity applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Douglas County School District and I agree to bear all costs and expenses related thereto, including court costs and attorney fees, whether or not such liability, claims or demands alleged are groundless, false or fraudulent. I further agree to release, waive and discharge, and covenant not to sue the Douglas County School District for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred on or to me as a result of my participation. This release of liability and indemnity applies to me, the undersigned as well as any of my personal representatives, assigns, heirs and next of kin.

Furthermore, I freely and voluntarily assume any and all risks known or unknown to me that are inherent to the transportation provided to me by Douglas County School District from **The Rock to AMC Highlands Ranch 24 and the return from AMC Highlands Ranch 24 back to The Rock.**

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive.

Rider Name	Signature of Rider (or Parent if Rider is under 18)	Date
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Rider Address	City, State	Zip Code
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