



ORCHARD KIDS & YOUTH

MULTIPURPOSE PERMISSION SLIP

VALID FROM TODAY'S DATE: _____ THROUGH JUNE 30, 2021

Kids First & Last Name

Gender

Birthday

Grade

School

M / F

M / F

M / F

M / F

M / F

Parent/Guardian Name

Email

Cell#

Home address: Please include Best Mailing Address if different than home address.

Please list any allergies, important health information or anything else that would be helpful to know about your kid(s).



ANNUAL PERMISSION and MEDICAL AUTHORIZATION

July 1, 2020 to June 30, 2021

All children & Youth listed have my permission to attend and participate in Orchard Community Church (Orchard) Children's & Youth Ministry activities that are located at Orchard Community Church. Students Grades 6th – 12th have my permission to travel to, attend and participate in Orchard Community Church (Orchard) Youth Group activities that are 1) located within one hour driving time of the church, and 2) to not exceeding 12 hours. _____ (initials required)

Photo Release: By initialing here you give permission for Orchard to freely use photographs of your child in Orchard Publications and to be posted on any or all of Orchard's Social Media sites. _____ (initials required)

Medical Treatment Consent and Liability Release Form For Minors

It is my desire that my child/ward participate in the activities of Orchard, therefore:

I, the parent/guardian of:

_____, _____,
_____, _____,
_____, _____,

do hereby authorize the adult sponsor of Orchard or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

Financial Responsibility

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

Risk

It is understood that while participation in activities at Orchard, my child is to follow the guidelines set by the adults in charge. Should my child not cooperate with these guidelines, I agree to pick up him/her from the activity.

Dispute

In the event a dispute arises between me and Orchard concerning injuries to my child/ward, then I agree that the dispute shall be resolved by an arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

Term of Agreement

This authorization will remain in effect through the period stated above while the minor listed above is involved or participating in any program or activity authorized by Orchard, unless revoked by the undersigned in writing and delivered to the agent of Orchard.

Signature: Typing your name will be considered your signature

Relationship to Student

Date

Emergency contact other than parent

Relationship

Cell Phone

Work Phone

Doctor's Name

Doctor's Phone

Preferred Hospital

Medical Insurance Company.

Policy #

Group#

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Orchard Community Church has put in place preventative measures to reduce the spread of COVID-19; however, Orchard Community Church cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending events could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), any person(s) authorized to pick up my child and I may be exposed to or infected by COVID-19 by attending events at Orchard Community Church and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Orchard Community Church may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Orchard Community Church employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Orchard Community Church or participation in Orchard Community Church programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Orchard Community Church, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Orchard Community Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Orchard Community Church program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Print Name of all family members:

