



Permission/Medical Release Form

As the parent (or legal guardian), I undersigned, certify that my child, named below, has my express permission to participate in all activities, of any nature, sponsored by RIVER VALLEY CHRISTIAN FELLOWSHIP for the duration of the following event:

- IMPACT WEEKEND

Knowing that RIVER VALLEY CHRISTIAN FELLOWSHIP will always seek to act responsibly, I fully release RIVER VALLEY CHRISTIAN FELLOWSHIP, its authorized representatives, and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted in our behalf against said church, representatives, or staff.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church leaders to seek the care of a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I understand I will be responsible for any medical expenses. I will notify the church leaders if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for the church leaders to restrict my child from participation in any activity about which they have any hesitation due to health, or other reasons.

By signing this document I also acknowledge that my child's photographs may be used in any responsible fashion by RIVER VALLEY CHRISTIAN FELLOWSHIP, in its sole discretion, including but not limited to publications, videos, and websites.

Name of Child

Name of Parent/Guardian

Parent/Guardian Cell Phone

Home Phone

Work Phone

Signature of Parent/Guardian

Date