

Activity Waiver & Medical Release

White Water Rafting ***\$30 non-refundable deposit required by July 3***

ACTIVITY INFORMATION



DETAILS

Date: July 15-16
Time: 8:00 AM
Cost: \$90

LOCATION

Kern River
25 Arden Ave
Wofford Heights CA

CONTACT INFO

James Taylor
Phone: (559) 419-0223
Email: james@bethanychurchla.com

STUDENT INFORMATION

FIRST NAME	LAST NAME	
EMAIL	PHONE NUMBER	
ADDRESS		DATE OF BIRTH
HEALTH INSURANCE COMPANY		MEMBER NUMBER

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER
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MEDICAL CONDITIONS & MEDICATIONS

PLEASE LIST ANY MEDICATIONS OR ALLERGIES

ACTIVITY RULES

Use of illegal drugs, weapons or activities will not be tolerated during any Bethany Church activity or event. Any and all illegal drugs and weapons will be confiscated and illegal activities will be reported to the proper authorities at the sole discretion of Bethany Church leaders. The below signed parent/guardian agrees to these terms and further agree to pay any and all costs associated with complications and consequences in association with such an event, including but not limited to transportation cost home at the discretion of Bethany Church leadership.

MEDICAL WAIVER & LIABILITY RELEASE

The undersigned parent/legal guardian hereby gives permission to Bethany Church, for my above mentioned child to take part in the above mentioned event

Should my child require immediate or emergency medical care while engaged in an activity sponsored by Bethany Church, in my absence, I hereby grant Bethany Church authority to release my child for medical treatment to such medical personnel as Bethany Church determines appropriate under the circumstances. In consideration for the privilege of allowing my child to participate in the above named activity, I agree to release and hold harmless Bethany Church, its officers and agents, from any liability to or responsibility for bodily injury, illness, damage or death to the above identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by Bethany Church. Further, I agree to indemnify and hold harmless Bethany Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, damage or death.

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION

PARENT OR LEGAL GUARDIAN INFORMATION & SIGNATURE

FIRST NAME	LAST NAME	
EMAIL	PHONE NUMBER	
SIGNATURE OF PARENT OR LEGAL GUARDIAN		DATE