

**REGISTRATION AND INFORMED CONSENT FOR High School Fall Retreat – Sept 22-24**

Student First & Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**MINOR GENERAL RELEASE AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (the "minor"), who desires to participate in the **Northview High School Youth Fall Retreat on September 22nd - 24th, 2017** taking place at **Camp Firwood** (1740 Lake Whatcom Blvd, Bellingham, WA). (hereinafter collectively referred to as the "Activities") operated or sponsored by Northview Community Church (hereinafter referred to as the "Church"). I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of the minor's participation in the Activities. I have investigated the risks involved in the minor's participation in the Activities and fully understand and assume such risks on his or her behalf. Specifically, I understand and acknowledge that the minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I REQUEST THAT THE CHURCH AND PROPERTY OWNERS ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE PROPERTY OWNERS AND THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to remain in the custody of the Church's representatives while participating in the Activities. This Agreement is binding on the minor's heirs, successors, and personal representatives.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY**

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me and my spouse have been unsuccessful, I hereby appoint a Northview representative, to make an informed decision regarding such treatment, I hereby appoint a Northview representative my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me or my spouse.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

## Parental/Guardian Media Release For Youth

*(Please return to Northview office or youth staff)*

We are sending you this parental consent form to both inform you and to request permission to use your student's photo/image and name for promotional purposes (Facebook, Northview Website, Brochures, Booklets, etc.).

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a church do want to connect with the students and promote the youth ministry with relevant images. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student name and photo or image.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to Northview Community Church of your request and such rescission will take effect upon receipt by the church.

### Check one of the following choices:

I/We GRANT permission for a photo/image that includes my student's name to be used for promotional purposes.

I/We DO NOT GRANT permission for photo/image that includes my student's name for promotional purposes.

**Student's Name: (please print):**

\_\_\_\_\_

**Name of Parent/Guardian: (please print)    Relation to Student:**

\_\_\_\_\_

**Signature of Parent/Guardian:**

\_\_\_\_\_

**Date:** \_\_\_\_\_