



GENERAL PERMISSION FORM & RELEASE OF LIABILITY

***PLEASE COMPLETE ALL PAGES OF THIS PERMISSION FORM**

Restoration Fellowship Church, Youth Ministry, and Volunteers are designated by the abbreviation "RFC" throughout this entire General Permission Form & Release of Liability Form.

I, the parent/legal guardian of _____ give my permission for my son/daughter to travel with and participate in activities with representatives of RFC. I understand that the safety and wellbeing of all members of the trip and/or activity will be the most important concern of the trip leaders. I hereby authorize RFC to include child in supervised water activities.

I hereby authorize RFC its acting leaders to teach and lead my child in religious lessons and services, which include prayer and Bible teaching.

In case of an emergency with my child, if I cannot be reached or if there is not sufficient time to reach me, I authorize the trip leaders to exercise their best judgement in handling an emergency situation. I understand that every effort will be made to contact me before these actions are taken. I will not hold the trip leaders responsible, legally or otherwise, for their actions, so long as these actions do not involve gross negligence or willful misconduct on the part of the trip leaders or RFC. In an emergency, illness, injury, or accident which requires medical attention, I hereby authorize and consent to any examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or care required, but is given to provide authority and power to render care that is deemed advisable in the best judgement of the physician. It is understood that an effort will be made to contact me prior to rendering treatment, but that any of the above treatment will not be withheld if I cannot be reached. The undersigned will furnish payment or insurance for any such payment, at his/her expense. I specifically authorize RFC or its representative to authorize medical care of me or my child while in the care of RFC to the greatest extent permitted by law.

The undersigned represents to RFC that he/she is the natural parent or legal guardian of the above named child; and the undersigned does hereby consent to the minor taking part in activities associated with RFC during the months of September 2025 through September 2026, with the full understanding insofar as during activity there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of the minor assume the risk of such loss, injury, or expense, and does hereby wholly release RFC from any responsibility or liability; and waives claim or causes of action against it or its agents that might arise on account of loss, injury, or expense occasioned by any sort or accident or any other circumstance involving such child, and agrees to hold harmless RFC in event any such claim should arise; and the undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by RFC and its representatives.

I understand that I will be financially responsible for any medical costs incurred in the emergency treatment and/or transportation of me or my child. Should it be necessary for me or my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue RFC, its employees, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of me or my child's participation in event activities (the "Claims"). I agree to indemnify and hold harmless RFC for any such claims, including but not limited to attorney fees, costs and legal expenses. I hereby release, forever discharge and agree to hold harmless RFC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while me or my child is participating in any trip or activity with RFC. Furthermore, I [and on behalf of my child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein. The medical consent and liability waiver provisions hereof shall remain in full force throughout the months listed below and in effect until written notice of revocation or withdrawal is received by RFC at its office at 2128 John Marshall Hwy, Strasburg, VA 22657.

It is the responsibility of the parent or guardian to notify the church of any changes in medical information, guardianship, address or phone change in writing to the address listed at the beginning of the form.

I give my permission for my son/daughter to attend functions with RFC during the time period of September 1, 2025 - September 1, 2026.



MEDICAL INFORMATION

STUDENT NAME		DATE COMPLETED	
ADDRESS		CITY	STATE ZIP
BIRTH DATE	CHECK ONE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SCHOOL	
PARENT/GUARDIAN NAMES		HOME PHONE	WORK PHONE CELL PHONE
EMERGENCY CONTACT NAME		RELATIONSHIP TO STUDENT	PHONE NUMBER
HOSPITAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY	INSURANCE COMPANY PHONE NUMBER
GROUP NUMBER	POLICY NUMBER	POLICY HOLDER NAME/ LAST 4 DIGITS OF POLICY HOLDER'S SS#	
FAMILY PHYSICIAN/PHONE NUMBER FAMILY DENTIST/PHONE NUMBER			
DATE OF LAST TETANUS SHOT	ARE ALL IMMUNIZATIONS CURRENT?	ALLERGIES?	
INDICATE IF YOUR CHILD HAS EVER HAD ANY OF THE FOLLOWING: <input type="checkbox"/> DIABETES <input type="checkbox"/> ASTHMA <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> DEPRESSION/MENTAL HEALTH			
CURRENT MEDICATIONS	MEDICATION INSTRUCTIONS (TIMES/DOSAGE)		
SPECIAL DIET	OTHER MEDICAL INFO		

I hereby **DO consent** or **DO NOT consent** to the use of blood and/or blood products under the care of a licensed physicians in the case of an emergency.