



Consent - NCANN Events

Parental Consent and Release of Liability ~ Please Print and Provide All Information Requested
IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Participant Name: _____ Church Name: _____

Coach Name: _____ Participant's Date of Birth: _____

Please circle and enter the **DATE OF THE EVENT participating in TODAY:**

Fall Fellowship Reno Reno Area Events

DATE: _____

Sac Area Events Trek West Trek Reno, NV Journey Weekend

I understand and agree that participation in **this NCANN Event** ("Event") selected above is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability. [NCANN Events is the event arm of West Coast Honor Camp "WCHC"]

Consent to Attend Event

I hereby give permission for my Child to attend and participate in the Event.

Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release West Coast Honor Camp/NCANN Events ("WCHC") its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Nevada.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

Will Participant be under any medication while at Event? Yes ☐ No ☐ If yes, please provide details: _____

Media Release

I understand that at this Event or related activities, my Child may be photographed. I hereby assign all rights to the photographs/video made of my Child by WCHC. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs/video by WCHC for promotional purposes in its publications, on its Web site and in local print media. I acknowledge WCHC's right to crop or treat the photographs/video at its discretion.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Nevada, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Washoe County, Nevada.

Parent/Guardian Signature

Date Signed

Printed Name & Phone Number

Emergency Contact Name & Number



LIABILITY RELEASE WITH PARENTAL CONSENT FOR MEDICAL/EMERGENCY TREATMENT AND
TRANSPORTATION AND INDEMNITY AGREEMENT (of a Minor Child)

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child/student, hereby consent to the participation by the child in supervised activities conducted by Summit Christian Church (SCC) and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents, volunteers and representatives of SCC to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child in the event that the undersigned(s) lawful parent(s) and/or guardian(s) are unreachable. Health care may include, but not be limited to; the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

Initials

The undersigned(s) hereby further authorize(s) emergency transportation by either SCC representatives or by ambulance or other emergency vehicle, if deemed necessary by SCC representatives.

Initials

If there is no medical emergency, the SCC representatives will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Initials

Notwithstanding other provisions in this consent form, SCC shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

Initials

SCC cares greatly for the children engaging in its activities. However, accidents do happen. The undersigned(s) assume(s) all risk of injury, harm, property damage, and wrongful death to the child incurred through the child's participation in SCC activities and agree(s) to release, indemnify, defend and forever discharge Summit Christian Church and its staff, employees, agents, volunteers and representatives of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect to property damage, death, injury, loss or damage to the child, howsoever caused, arising by the child's participation in SCC activities and/or use of any facility or equipment of Summit Christian Church.

Initials

PARENT/GUARDIAN NAME _____ DATE _____

ADDRESS _____ PHONE NUMBER _____

PARENT/GUARDIAN SIGNATURE _____