



The Woods 2023 Permissions/Medical Release

PERMISSION: I hereby grant permission for myself / my child to fully participate in all activities of The Woods facilitated by RippleFX at 1401 State Route 68, New Brighton, PA. While I understand that RippleFX staff and the owners of 1401 State Route 68, New Brighton, PA. will take all reasonable steps to provide care and safety for me and/or my child, I am aware that all churches, their employees, volunteers, and agents cannot assume responsibility for injury, damage, or harm that might result during the course of the weekend. In agreeing to participate myself or permitting my child to participate, I agree that such responsibility will remain with me, as parent and guardian of my child. Should any claim be asserted by any person as a result of the acts of me or my child while participating in The Woods, or while traveling to or from any such activities, or should me or my child assert any claim against RippleFX, 1401 Route 68, New Brighton, PA Property Owners, participating churches or any volunteers, or agents, I agree to indemnify and hold harmless from any such claim, including (but not limited to) attorney fees and costs incurred in defense of.

COVID-19 ASSUMPTION OF RISKS. I understand that while RippleFX, and participating churches have undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with The Woods, RippleFX, and participating churches are not responsible in any manner for any risks related to COVID-19 in connection with The Woods. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that participation in The Woods (including any related travel) carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. Furthermore, I represent and warrant that I do not suffer from any medical condition or disease that might in any way hinder or prevent me from attending The Woods, including, to my knowledge, COVID-19.

I have read and understood this Agreement and enter into it voluntarily in consideration of the opportunity to participate in this The Woods. I acknowledge I am giving up legal rights and/or remedies which may be available to me.

EMERGENCY AUTHORIZATION: I hereby give permission to medical personnel, should I not be able to be reached, to medically treat my child to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I hereby give permission to the child named on this form.

MEDIA RELEASE AND AUTHORIZATION: I hereby give permission for videos and photos of me or my child to be used for web content, social media posts and promotional videos or materials for RippleFX events and experiences.

Print Name of child _____

Print name of parent/guardian or self _____

Signature of the parent/guardian _____ DATE _____

Personal Information		
Last Name, First Name, MI:		Sex(M/F):
Home Address:		
City:	State/Zip	Date of Birth:
Home Phone:	Parent's Work Phone:	Parent's Mobile:
Emergency Contact & Phone:		Emergency Contact Relationship:
Do you have any dietary needs? Vegan, Vegetarian, etc... Any food allergies? Gluten, dairy nuts etc...		

Insurance Information	
Name of insurance company	
Policy Holder Name	Employer
Group #	Member ID #
Address of Insurance Company	