



# WILDSIDE 2021

## Permission/Medical Release

**PARENT PERMISSION:** I hereby grant permission for my child to fully participate in all activities of Wildside Camp at Round Lake Christian Assembly, 114 State Route 3, Lakeville, OH 44638. While I understand that Wildside staff and participating churches will take all reasonable steps to provide care and safety for 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 program. In 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 my child while participating in Wildside Events, or while traveling to or from any such activities, or should my child assert any claim against Wildside, RippleFX, participating churches or any employees, 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, participating churches and Round Lake Camp have undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with WildSide Camp, RippleFX, participating churches and Round Lake Camp are not responsible in any manner for any risks related to COVID-19 in connection with the Wildside Camp. 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 WildSide Camp (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 WildSide, 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 the Services. I acknowledge I am giving up legal rights and/or remedies which may be available to me.

**Emergency Authorization:** I hereby give permission to the medical personnel attending WildSide Camp to the treatment of 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 my child to be used for web content, social media posts and promotional videos or materials for RippleFX events and experiences.

Signature of the parent/guardian \_\_\_\_\_ DATE \_\_\_\_\_

**Student's Personal Information**

Church you are coming with:

Last Name, First Name, MI:

Sex(M/F):

Home Address:

City:

State:

Zip:

Home Phone:

Parent's Work Phone:

Parent's Mobile:

Emergency Contact &amp; Phone:

Emergency Contact Relationship:

Date of Birth:

Grade entering Fall 2021:

Additional Information We Should Know:

**Insurance Information**

Name of insurance company

Policy Holder Name

Employer

Group #

Member ID #

Address of Insurance Company

**Medical Information**

Medication Allergies/Type of reaction

Seasonal Allergy/Type of reaction:

**MEDICATIONS: Include BOTH Prescription medications and Over the Counter medication in this list!****MEDICATION****DOSE****FREQUENCY**