



## FALL RETREAT

**WHEN?** **Friday, November 17 – Sunday, November 19, 2017**

(Departure and return times/locations to be announced)

**WHAT?** Friends, Food, Fun, Game Room, Ultimate Frisbee, Hilarious Entertainment, Go Karts, Ping Pong, Basketball, Phenomenal fun times, a Life Changing Message & an Overall Incredibly Great Time!!!

**WHERE?** **YL's Timber Wolf Lake in Lake City, MI**  
(An amazing place! Check out [timberwolf.younglife.org](http://timberwolf.younglife.org).)

**WHO?** **High School** Students and their Leaders from the all over Michigan

**COST?** **\$125** for the entire weekend - lodging, meals at camp, transportation, and all the fun you can fit into 48 hours.

- HOW?**
- 1. Fill out this registration form.** (The bottom of this page)
  - 2. Complete the YL consent form AND Riverview form** (attached and on back)
  - 3. Scrape together \$125.** (Please make checks out to "Riverview")
  - 4. Take all the above to your leader!** (Or to Riverview front desk)

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**Questions? [Element@rivchurch.com](mailto:Element@rivchurch.com)**

questions that this form doesn't answer!

**Name:** \_\_\_\_\_ **M F (circle one)** **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

\_\_\_\_\_  
**Parent's Name**

# RIVERVIEW CHURCH

*rivchurch.com*

## PARENTAL CONSENT FORM

Participant's name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Name & Phone # \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I, the undersigned parent or legal guardian do hereby give permission for my child, \_\_\_\_\_, to attend and participate in Riverview Church student ministry events during the 2017-2018 school year.

I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor due to the general or special supervision and on the advice of any physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in events sponsored by Riverview Church.

The undersigned does also hereby give permission for photo and video of my child to be posted to RivChurch.com, Riverview Church's Facebook page, or similar web pages. Any photographs or videos will only be used to promote Riverview Church ministries, and used by Riverview Church Staff and/or leaders.

### SIGNATURES:

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





For area use only: Area # \_\_\_\_\_

# CONSENT/ RELEASE FOR YOUNG LIFE ACTIVITY

I or my child will be participating in a Young Life activity: \_\_\_\_\_  
Enter description and date of activity here

**NOTE TO PARTICIPANT/PARENTS-GUARDIANS:** Young Life wants you or your child's experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last, First, Middle

Home Contact Info \_\_\_\_\_  
Parents/Guardian/Spouse Name, Number

Home Contact Address \_\_\_\_\_

Emergency Backup Contact Info (Different from above) \_\_\_\_\_  
Name, Number

Any allergies or other medical needs? \_\_\_\_\_

Limits to activities \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Young Life liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**Authorization for Treatment:** I/We hereby give permission to the medical personnel selected by Young Life to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to [www.younglife.org](http://www.younglife.org) or call (719) 381-1950.

I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I recognize that any medical treatment that is provided to me (or my child) while attending a Young Life activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. Young Life provides SECONDARY insurance for accidents in the amount of \$20,000 medical, \$4,000 dental. Claims less than \$250 are covered in full by Young Life.

I hereby grant Young Life permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of Young Life, including the Internet.

Signature \_\_\_\_\_ Date \_\_\_\_\_