

Church: \_\_\_\_\_ Leader: \_\_\_\_\_

# Reach Beyond Mission Participant Information & Liability Release

*Including Participant Information, Emergency Contact, General Health History,  
Assumption of Risks and Agreements of Release and Indemnification*

**IMPORTANT: THIS IS A LEGAL DOCUMENT! IT MUST BE READ AND UNDERSTOOD IN ITS ENTIRETY BY ALL WHO SIGN BELOW.**

This document must be signed by all participants (including adult leaders) and by a parent/guardian of participants who are minors (under 18 years of age). Parents/guardians sign and agree for themselves, and on behalf of the minor participant. A copy of this form may be used.

If you have any questions, contact Reach Beyond Mission at 512-218-4335.

## A. Participant Information

*To be completed by participant's parent/guardian (if the participant is under the age of 18) or by the adult participant*

Participant Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Email \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## B. Emergency Contact

*Please provide the name of someone to be contacted in the event of an emergency if parents/guardians cannot be reached.*

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## C. General Health History

*Has the participant ever been treated by a doctor for any of the following? Every item must be checked.*

	Yes	No		Yes	No
Frequent Ear Infections	_____	_____	Asthma or Breathing Problems	_____	_____
Dizzy Spells	_____	_____	Diabetes	_____	_____
Migraines	_____	_____	Hypoglycemia	_____	_____
Convulsions or Seizures	_____	_____	ADD or ADHD	_____	_____
Bone or Joint Problems	_____	_____	Insect Sting Allergy	_____	_____
Bleeding or Clotting Problems	_____	_____	Poison Ivy Allergy	_____	_____
High or Low Blood Pressure	_____	_____	Pollen Allergy	_____	_____
Hepatitis	_____	_____	Food Allergy	_____	_____
Currently Pregnant	_____	_____	Penicillin Allergy	_____	_____

Details for Items Marked "Yes" on Previous Page \_\_\_\_\_

Operations/Serious Injuries Including Dates: \_\_\_\_\_

Disabilities or Recurring Illnesses: \_\_\_\_\_

Dietary or Activity Restrictions: \_\_\_\_\_

Current Medications with instructions \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Insurance Carrier \_\_\_\_\_

Group/Policy # \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (BOTH SIDES) TO THIS FORM**

**D. Medications, Activities and Risks, Authorization for Treatment, Acknowledgement of Inherent Risk, Waiver and Release**

For and in consideration of the services of Reach Beyond Mission the undersigned, for themselves and on behalf of a minor for whom they may sign, acknowledge and agree as follows:

**MEDICATIONS**

Medications for participants under age 18 must be held and administered by church Youth Leaders. Reach Beyond Mission is NOT responsible for holding and/or administering medications.

**ACTIVITIES AND RISKS**

Reach Beyond Mission experiences include a number of activities, including but not limited to provision of social services, hot meal preparation, cleaning, gardening, construction, repairs, and other activities specific to a particular program experience. The same elements that contribute to the unique character of these activities also can cause loss of or damage to personal effects, emotional trauma, or major or minor injury or illness.

Participants will be lodged at a church or group lodging facility and must be transported to and from activity sites; therefore, it will be necessary to travel by public transportation and/or motorized vehicle on public roads.

Participants are responsible for their own safety and the safety of other group members. Youth Leaders are ultimately responsible for safety and discipline throughout the event. Reach Beyond Mission staff may not always be present or immediately available.

Swimming is NOT provided in the programming of Reach Beyond Mission.

## AUTHORIZATION FOR TREATMENT

This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all activities except as noted. In the event of a medical emergency, I hereby give permission and authorize Reach Beyond Mission staff to secure emergency medical treatment, including hospitalization and any other emergency medical procedures that may be needed for the person named herein. I further authorize emergency medical personnel to provide treatment for myself, or my child. I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, or medical fees. I further agree that in giving this permission and authorization, Reach Beyond Mission does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, or other medical fees that may be incurred.

Signature of parent/guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

My child may carry emergency medications and use as prescribed.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## ACKNOWLEDGEMENT OF INHERENT RISK, WAIVER AND RELEASE

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH REACH BEYOND MISSION ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RELEASE REACH BEYOND MISSION, INCLUDING ITS EMPLOYEES, AGENTS, OFFICERS AND DIRECTORS, FROM RESPONSIBILITY FOR ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY DURING A REACH BEYOND MISSION WEEK. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES.

Signature of parent/guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO RELEASE

I HEREBY GRANT PERMISSION TO REACH BEYOND MISSION AND ITS SERVICE PARTNERS THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF ME OR MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF REACH BEYOND MISSION.

Signature of parent/guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

## TO PROVIDE THE BEST EXPERIENCE, ALL YOUTH AND ADULT PARTICIPANTS AGREE TO THE FOLLOWING:

- I will treat all other youth & adult participants with respect. I understand that differences in beliefs/opinions may arise in small group discussions. I will listen, seek to understand, & express my beliefs/opinions in ways that do not belittle others.
- I will treat service partners & their clients respectfully by carefully listening, following instructions, & by fully engaging in the service activity. I will stay in the designated service areas at all times & will not go anywhere alone.
- I will treat guest leaders with the utmost courtesy & respect by listening attentively & participating in conversation only when asked to do so by the guest leader.
- I will respect the property of the host congregation by staying only in Reach Beyond Mission designated rooms/areas of the building, by keeping the facility clean, by conducting myself calmly & quietly around other groups meeting in the building, & by immediately reporting any accidental damage.
- I will participate in all scheduled activities & will respect lights out/rest times.
- As a youth, I will not ever leave the building without an adult leader. As an Adult Leader, I will not leave the building without the knowledge of a Reach Beyond Mission Team member.
- I will respect the privacy of others by not entering the sleeping areas of females if I am a male or of males if I am a female.
- I will not use obscene or abusive language & I will not engage in reckless behavior that could cause harm to others/myself.
- I will use my iPod/MP3 player, cell phone, etc., only during rest or travel times. I will not use any of these devices during any worship, program, or service activity, except for my cell phone in the event of an emergency.
- I will not have in my possession fireworks, firearms, illegal drugs, weapons or alcohol. I understand that illegal activity will not be tolerated and that local police will be called if necessary.
- I will not use or have in my possession tobacco products if I am under age 18. If I am over age 18, I will not use tobacco products during any program or service activity, in vehicles, or in buildings where smoking is prohibited.
- I will not engage in any inappropriate sexual activity or harassment including comments, gestures, or physical contact.
- I will dress modestly and will abide by the dress codes of our partner organizations while in their service.

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

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