



Child's Name (printed)	Trip Date(s) December 4, 2016 – December 31, 2017
Child's Name (printed)	Trip Location River City Scholars Elementary School
Child's Name (printed)	Trip Sponsor: Revolution Culture Movement
Child's Name (printed)	

Parental Consent

I, the undersigned parent/legal guardian of the above named children, hereby grant permission for my child to participate in the church sponsored ministry trip as described above. I understand that this event will take place away from the church grounds and that my child will be under the supervision of designated church staff.

Father/Legal Guardian Name (printed)	Father/ Legal Guardian phone numbers Cell () Home ()
Mother/Legal Guardian Name (printed)	Mother/Legal Guardian phone numbers Cell () Home ()
If parent/legal guardian cannot be reached, call	3 rd emergency contact phone numbers Cell () Home ()

Waiver, Release & Indemnity

In consideration for the participation of my son/daughter in this church sponsored trip, by execution of this form, I agree to release Revolution Culture Movement, its Board, its individual members, agents, employees, team leaders, representatives and trip supervisors (in their individual and official capacities) from any and all claims that we/I as parent(s)/guardian(s) or my/our child may have for any losses, damages, or injuries arising out of my/our child's participation in this trip or in connection with the rendering of emergency medical procedures or treatment, if any. This release applies regardless of whether the damages and/or injuries are caused by the negligence of Revolution Culture Movement, individual members, agents, employees, team leaders, representatives or trip supervisors. I/we understand that participation in this church sponsored trip is a voluntary act and could possibly involve a risk of injury to persons and/or property, and assume any such risk that may arise there from. I/we accept full responsibility for all medical expenses for any injuries that may occur to our/my child during his/her participation in the trip. Finally, I/we agree to indemnify the church, its board, its individual members, agents, employees, representatives and trip supervisors from any and all claims, liabilities, actions, causes of actions, and actual attorney's fees and litigation costs arising from or rendering to our/my child's participation in the church sponsored trip.

I confirm that by signing this form that, as my/our child's parent/legal guardian, I/we understand and acknowledge my/our agreement to all of these terms.

Parent/Guardian Name

(Printed) _____ (Signature) _____ Date _____



Medical Authorization

During the course of this church sponsored trip, if I/we are/am unavailable or otherwise to provide authorization directly, I/we grant Revolution Culture Movement or its designee the authority to act for me/us and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my/our minor child listed on this form and to do all other necessary things I/we might or could do to provide for the child's health and safety, if I/we were present. I/we further authorize and approve the release of medical information and the sharing of medical information among any healthcare providers and the trip supervisors in connection with any necessary medical treatment for our child.

Insurance

I assume responsibility for paying for any damages or injuries to persons or property I incur in connection with this church sponsored trip. I further understand that Revolution Culture Movement may not have insurance that specifically applies to this trip. I represent that my child has insurance coverage in the event of an accident and/or injury to persons or property and that I am satisfied that this insurance gives sufficient coverage for any injuries or property damage that may occur to my child by reason of his/her participation in this church sponsored trip.

List allergies, medication, corrective lens, contacts, or other pertinent comments:

Signature _____ Date: _____