



## Student Ministries Liability and Consent Form

Participant's name: \_\_\_\_\_

Persons wishing to participate in the various activities at Elmhurst Christian Reformed Church Student Ministries must sign the consent form below. These activities may include but are not limited to running around in the facility; playing active games like broom ball, tag, steal the bacon, and sardines; scavenger hunts; eating disgusting foods during YUK NIGHT. If the participant is less than 18 years of age, the parent(s) or legal guardian must also sign the form.

- Assumption of Risk:** I want to participate in the activities at Elmhurst Christian Reformed Church Student Ministries even though I know there are risks involved, including the risk of serious injury or death. I am willing to assume those risks and any other risk incidental to the program.
- Release of Responsibility:** In consideration of the opportunity to participate in these activities, I will not hold Elmhurst Christian Reformed Church, its directors, employees, or agents responsible, or legally liable, for any injuries to my person or property or the results thereof, incurred and suffered as a result of my participation in any of the activities or programs of Elmhurst Christian Reformed Church Student Ministries.
- Willingness to Follow Instructions:** I understand Elmhurst Christian Reformed Church will provide the necessary safety equipment and personnel trained to supervise participation in these activities. I agree to use this equipment as directed and to observe and follow all rules and guidelines for participation in these programs as directed by the Elmhurst Christian Reformed Church Student Ministries staff. I further agree that any failure to do so on my part may prevent my participation in these activities.
- Fitness to Participate:** I certify that I have no physical or mental condition that would prohibit my participation in these activities. If I am now or have been in the past under treatment for any of the following list, I have checked the appropriate heading and will discuss it with the supervisor of the activity and yield to his or her judgment as to whether I should participate.

<input type="checkbox"/> any orthopedic problems	<input type="checkbox"/> fainting spells or convulsions	<input type="checkbox"/> kidney related diseases
<input type="checkbox"/> back or neck injury	<input type="checkbox"/> hearing loss or impairment	<input type="checkbox"/> nervous disorder
<input type="checkbox"/> cardiac or pulmonary disease	<input type="checkbox"/> high or low blood pressure	<input type="checkbox"/> pregnancy
<input type="checkbox"/> diabetes	<input type="checkbox"/> insect allergies	<input type="checkbox"/> shortness of breath
<input type="checkbox"/> recent injuries (please explain below)		<input type="checkbox"/> other concerns (please explain below)

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I understand that my participation in these Elmhurst Christian Reformed Student Ministries activities is entirely voluntary, and that I may excuse myself from participation if I so desire.

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

I am 18 years of age or older       I am less than 18 years of age

For minors **less than 18 years of age, both parents** (who have custody) need to sign their approval of participation.

I consent to have my child participate in the activities at Elmhurst Christian Reformed Church Student Ministries, and certify that I will hold Elmhurst Christian Reformed Church, its directors, or agents harmless from any and all liability and claims arising out of participation in or in connection with the program of Elmhurst Christian Reformed Church Student Ministries.

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

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