



# RIVER CITY CHRISTIAN PERMISSION SLIP, LIABILITY RELEASE, MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT

**PLEASE READ CAREFULLY BEFORE SIGNING**

DATE OF LAST TETANUS SHOT:

PARTICIPANT'S NAME:

BIRTHDATE:

ADDRESS:

CITY:

STATE:

ZIP:

ALLERGIES:

MEDICAL CONDITIONS (I.E. ASTHMA, DIABETES, HEMOPHILIA, ETC.):

HEALTH INSURANCE COMPANY:

POLICY #:

GROUP#:

PARENT/GUARDIAN NAME:

HOME PHONE:

WORK PHONE:

PARENT EMAIL ADDRESS:

I expressly consent to the participant's involvement in all activities and events during the calendar year 2018-2019, including, but not limited to, recreational activities, trips, travel, and activities related to global outreach. The participant agrees to comply with all rules and policies for each activity and event.

I understand that participation in each activity and event involves inherent and other risks of **INJURY** and **DEATH**. In consideration for the participant being permitted to be involved in activities, **I AGREE TO RELEASE** River City Christian and its pastors, elders, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors in interest, and assigns (collectively "PROVIDERS") **from all liability, in excess of the applicable limits of any insurance providing coverage to PROVIDERS, for injury, death, and property loss and damage that arises out of or results from the activity or event, including all liability which results from the NEGLIGENCE of PROVIDERS, or any other person or cause.**

I authorize any person connected with River City Christian or the activity or event to administer first aid to the participant, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's wellbeing, at my expense.

I agree to submit any claim or dispute that arises out of or results from the activity or event to mediation, and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT.**

PARTICIPANT SIGNATURE:

DATE:

**PARENT/GUARDIAN:** If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

PARENT/GUARDIAN SIGNATURE:

DATE: