

## Informed Consent & Release of Claims – Minor & Adult

MINOR'S NAME(S) \_\_\_\_\_

NAME OF ADULT(S), PARENT OR GUARDIAN (print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

### RBC STUDENT ACTIVITIES FOR 2020-2021

I hereby affirm that my child and or myself shall be participating in the above named activity and certify that I am cognizant of the inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, or off of, the premises of Richland Baptist Church.

I hereby personally assume all risks in connection with my child's participation in the Activity. I further release Richland Baptist Church, its trustees, instructors, agents and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless Richland Baptist Church, its trustees, instructors, agents and representatives from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the Activity.

I hereby understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I hereby understand and consent that if my child and or myself are transported on the Richland Baptist Church bus or van to or from an activity that everyone in the vehicle will follow the Washington Agricultural COVID-19 Requirements as advised by the Benton Franklin Health District. These requirements include staggered seating between family groups and all passengers and driver wear face masks.

I also authorize Richland Baptist Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the Activity.

Signature \_\_\_\_\_ (date).

### Medical Information for Minor

Birth Date \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Drug allergies \_\_\_\_\_

Minor's physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical conditions or previous surgery \_\_\_\_\_

Regular medications \_\_\_\_\_

### Family Information

Father's work phone \_\_\_\_\_ Mother's work phone \_\_\_\_\_

Local relative or friend \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_