

R.U.S.H. 2019 PERMISSION, RELEASE AND CONSENT

DATE OF EVENT: _____ CHURCH NAME: _____
GROUP LEADER: _____
PARTICIPANT'S NAME: _____
ADDRESS: _____
HOME PHONE: _____ DATE OF BIRTH: _____ MALE OR FEMALE: _____

I hereby give my permission for myself and/or my child to participate in activities (collectively referred to hereinafter as "R.U.S.H." or "R.U.S.H. '19") at The Ridge (affiliate of RUSH Ministries...), organized by RUSH Ministries, Inc. and its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates and licensees (collectively referred to hereinafter as "R.U.S.H. '19"). I understand and agree that representatives from my home church, not R.U.S.H. '19, shall be responsible for the care of my child, from the time he/she leaves my care, for the duration of R.U.S.H., and until he/she returns to my care, including, but not limited to, travel and lodging arrangements, and all other matters pertaining to the direct supervision, care and safety of my child. I hereby release, hold harmless and absolve R.U.S.H. '19, and its respectives, directors, etc., its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and/or implementation of R.U.S.H. '19, individually and collectively, from and against any and all responsibility, all claims and all liability for any illness, injury, damage, misadventure, harm, loss or inconvenience of any kind suffered or sustained as a result of, or in any way relating to, participation in R.U.S.H. '19. I understand that in the event I or my child requires medical treatment while participating in R.U.S.H. '19, reasonable efforts will be made to contact my emergency contacts designated herein below; however, I hereby consent and give my permission to the R.U.S.H. '19 staff or any person acting on behalf of R.U.S.H. '19 with respect to R.U.S.H. '19, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the State where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my and/or my child's medical allergies and medications currently prescribed or being taken, medical problems and other pertinent information (attach additional sheets, if necessary). Finally, I hereby authorize R.U.S.H. '19 to record and photograph (on film, tape, digital, electronic or otherwise) me and/or my child and to record his or her voice during their participation in R.U.S.H. '19. I hereby further authorize and agree to R.U.S.H. '19's unrestricted use, reuse and distribution of said images and recordings, in whole or in part, whether in the original or modified form, in any manner or media, including, without limitation, for purposes of advertising, promoting and publicizing camp, R.U.S.H. '19, whether during the R.U.S.H. or at any time thereafter, in the sole and absolute discretion of R.U.S.H. '19, both in the United States and internationally. I expressly and irrevocably waive any and all rights I might otherwise have, now or in the future, to any related privacy or intellectual property rights, proceeds, benefits or similar claims of any kind. I hereby release and discharge R.U.S.H. '19 and RUSH Ministries, Inc., and its subsidiaries & affiliates, and its respectives, directors, etc. (as defined herein above) its officers, employees, staff, agents, sponsors, contractors, representatives, affiliates, licensees, vendors, and all others who may participate in the planning, organization, production, presentation and/or implementation of R.U.S.H. '19, individually and collectively, from and against any and all claims, demands, or causes of action that I may now or hereafter have in connection with or in any way relating to the use and exercise of the rights granted in this release and consent.

IF APPLICABLE, I AM LISTING ANY MEDICAL PROBLEMS OR ALLERGIES:

NAME OF INSURANCE COMPANY: _____
GROUP NAME: _____
NAME OF INSURER: _____
POLICY NUMBER: _____
GROUP/SUBSCRIBER NUMBER: _____
DATE EFFECTIVE: _____
INSURANCE CO. CLAIM ADDRESS AND PHONE NUMBER: _____
EMERGENCY CONTACT PERSON: _____
EMERGENCY DAY AND EVENING NUMBER: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE _____

SIGNATURE OF PARTICIPATING STUDENT: _____ DATE _____