Kings Island Student Trip

What: A trip to Kings Island for students entering 7th grade through 2019 graduates.

When: Tuesday, June 11, 2019 9 am – approximately 11 pm

Cost: **$75** for tickets and transportation. **Pack or bring extra money** for lunch and dinner, as well as any souveniers or other items desired.

Register: www.shawneealliance.com/events by June 7

Forms: www.shawneealliance.com/forms

Contact:

Josh Kennedy
Student Ministry Leader
josh@shawneealliance.com
419-516-1558

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Activity Participation Agreement

Activity Information

Shawnee Alliance Church
4455 Shawnee Road
Lima, OH 45806
(419) 991-6546

Kings Island
6300 Kings Island Dr.
Mason, OH 45040

Name of Ministry: Student Ministry (Jr. High, Sr. High)

Ministry Leader: Pastor Josh Kennedy

Activity: Kings Island Student Trip

Event Details: Tuesday, June 11, 2019 from 9:00 am - 11:00 pm at Kings Island.
Pickup and Dropoff in the East Campus HopeShakers Room.

Participant Information (*To be completed by participant or authorized guardian)*

Name of participant: _____

Grade: _____ Gender: _____ Date of Birth: _____

Names of parents/guardians: _____

Address: _____

Telephone: _____

Name of emergency contact: _____

Daytime telephone: _____ Evening telephone: _____

List any allergies or medical conditions: _____

_____

Is sponsor authorized to approve medical treatment? ❑ Yes ❑ No

Is participant covered by personal/family medical insurance? ❑ Yes ❑ No

If yes, name of insurer: _____

Policy or group number: _____

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Participant Agreement

As parent/legal guardian of _____, I give my permission for my child to be involved in the activity/trip mentioned above. I acknowledge that participation in the activity described above (the "Activity") involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the Activity, we the Participant and parent/guardian acknowledge and accept the risks of injury associated with participation in and transportation to and from the Activity. We accept personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, we release and promise to indemnify, defend, and hold harmless Shawnee Alliance Church for any injury arising directly or directly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I have reviewed the Personal Conduct Agreement with my child and have encouraged them to abide by their covenant. I therefore understand that if they chose not to abide by the rules set forth in the Personal Conduct Agreement, or refuse to follow the directions of Shawnee Alliance Church Staff and appointed volunteers, disciplinary action will be taken. Should my child continue to be a disruption, I agree to be held financially responsible for any and all costs associated with their early return.

If a dispute over this agreement or any claim for damages arises, we agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If we and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Participant (and parents/guardians if Participant is a minor)

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A new medical form must be filed for every school year. If you have a 2019 form on file, you only need to complete the "Activity Participation" form.

HopeShakers Student Impact

Medical Release Form

I, _____, hereby give permission for any and all medical
Parent/guardian's name

attention to be administered to my child, _____,
Child's full name

in the event of accident, injury, sickness, or other emergency under the direction of the Shawnee Alliance Church, until such time as I may be contacted. I also assume the full responsibility for the payment of any and all expenses incurred in connection with such treatment. This release is effective for one year from the signing date.

Child Information:

Grade: _____ Gender: _____ Age: _____ Date of Birth: _____

Parent/Guardian Information:

Address:_____

Home Phone: (_____)_____ Work Phone: (_____)_____

Cell Phone: (_____)_____ Other Phone: (_____)_____

E-Mail Address: _____

Insurance Information:

Company: _____

Policy/Contract Number: _____

Group Number:_____ Telephone: (_____)_____

Physician's Information:

Name: _____ Telephone: (_____)_____

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Medical Conditions:

Known allergies: _____

_____

Medical conditions: _____

_____

Special needs: _____

_____

Medications being taken: _____

If I cannot be reached, the following person(s) are designated to act on my behalf:

Name: _____ Relationship: _____

Telephone: (_____)_____ Other Phone: (_____)_____

Name: _____ Relationship: _____

Telephone: (_____)_____ Other Phone: (_____)_____

Consent for medical treatment (minor):

As the parent/legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed hospital, doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my son or daughter.

_____ _____

Signature of Parent/Guardian Date

Please provide a copy of your insurance card (both front and back) and return with this form.

Revised 5/10/2019