## Washington UCC Discipline, Liability & Medical Release Form 2017 Make a copy for yourself and bring the ORIGINALS with you

Address		Check One: 🔲 S	ponsor 🖵 Stu	udent	,	
E-mail Address	Individual's Name				Male	☐ Female
Name of Parents/Legal Guardians (with whom you live)  Church You are Attending with  City/State	Address		City	S	tate	_Zip
Church You are Attending with  City/State	E-mail Address	Home Phone		H.S. Grad	duation \	/ear
City/State	Name of Parents/Legal Guardia	ans (with whom you live)				<del></del>
Health Insurance Company Policy Number    Known Allergies and Reactions    Medications Currently Taking    I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Washington United Church of Christ Washington United Church of Christ and forms exeposcibility for discipline at the Work Camp and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.  Further, I do release and hereby agree to hold blameless Washington United Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Washington United Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Washington United Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Washington United Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by men or by any member of my family by reason of participating in any activities associated with Washington United Church of Christ and its employees and sent of the control of Christ and its employees and agent of participant will be a studied by early any and agent of participant by reason of participant (has death of the control of Christ and Institute of Church of Christ and Institute	Church You are Attending with				<del> </del>	
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Medications Currently Taking	Health Insurance Company		Poli	cy Number _	<del> </del>	· · · · · · · · · · · · · · · · · · ·
I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Washington United Church Christ Work Camp. The individual identified on this form understands that all students are expected to abide by the rules and be directly responsible to Washington United Church of Christ. Washington United Church of Christ and Group Leader assumes responsibility for discipline at the Work Camp and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.  Further, I do release and hereby agree to hold blameless Washington United Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Washington United Church of Christ Work Camp. Lagree to pay for any damages to Washington United Church of Christ as determined by Washington United Church of Christ washington United Church of C	Known Allergies and Reactions	<u> </u>			<del> </del>	· · · · · · · · · · · · · · · · · · ·
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Printed Name of Parent/Legal Guardian  Work Phone (in case of emergency)  Person to notify if you cannot be reached:  Name Relationship Phone  I, the participant fully understand that I may be involved in construction work such as hammering, painting, roofing, dry walling, as well as gardening, food preparation, and neighborhood clean-up activities. There have been very few injuries on previous work camps, however accidents can occur causing injuries including but not limited to: scrapes, bruises, broken bones, quadriplegia, and death.  I, the participant will assist the leadership by informing/calling attention to situations which may cause injury for myself and/or other participants such as defective equipment, surface conditions, not feeling well or being fatigued.  I accept and assume all responsibility for my personal actions and any and all risks of damage or personal injury which occur during or result from my participation.  Further, I, the participant hereby release, discharge and hold harmless Washington United Church of Christ, its coordinators, directors, and staff from any and all claims, demands, damages, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting out only service.  I covenant with God, my local church, and Washington United Church of Christ to participate fully in the Work Camp as it is planned and as it develops, and to abide by the covenant and behavior guidelines established by the group for the sake of life together.	cannot be reached by phone, to give con	nsent to a physician and/or hos	spital for emergency	medical or surgical	al treatmen	
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Relationship	Work Phone (in case of emerge	ency)				
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