

Appendix 12  
Consent/Release Form for Foursquare Activity Without Overnight Stay

Each signed form is only good for travel during and attendance at a specific event and must be completed for each event.

I or my child \_\_\_\_\_ will be participating in a Foursquare ministry event \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_.

**Note to Parent/Guardian:** The Foursquare Church wants your child's experience at this event to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male ☐ Female ☐

Parent/Legal Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician or Medical Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

**ALLERGIES, MEDICAL NEEDS, PHYSICAL AND DIETARY RESTRICTIONS (List any food, drug, plant, insect or other allergies)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATIONS**

**COVID-19** I verify that I or child named above has not been diagnosed with COVID19 and that I/my child does NOT have nor has had any of the following symptoms of COVID19 in the past 14 days: Coughing or shortness of breath or difficulty breathing or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell. I recognize that a national emergency was declared because of the COVID-19 outbreak and that different states and/or counties/cities may be in various states of emergency. I recognize that even if The Foursquare Church has taken reasonable actions in light of COVID-19 and other coronaviruses, there is no guarantee that me or my child will not contract/transmit COVID-19 while participating, or traveling to and from, the Event and I release The Foursquare Church in the event of such an occurrence. The Center for Disease Control has identified that certain individuals are at higher risk of severe illness if they become ill with COVID-19. This includes those who have chronic lung disease, moderate/severe asthma, a serious heart condition, are immunocompromised, or have severe obesity, diabetes, or chronic kidney/liver disease or who are over the age of 65. Based on the CDC's High Risk criteria, please acknowledge your understanding and willingness to accept this risk and release The Foursquare Church from any and all liability should you or your child become ill during any part of this Event.

**SIGN >**

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PROTECTIVE CUSTODY ARRANGEMENTS**

Is there a court order in place that lists certain persons who are not authorized to pick up your child? [ ☐ ] Yes [ ☐ ] No

If yes, the following people are NOT allowed to pick up my child: \_\_\_\_\_

If yes, the following people ARE allowed to pick up my child: \_\_\_\_\_

**SIGN >**

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT** This health history is correct to the best of my knowledge, and the child herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director, to order X-rays, routine tests, treatments; to maintain and/or release any medical records necessary for medical treatment or for insurance purposes as outlined under the HIPAA regulations; and, to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by The Foursquare Church to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed or deemed appropriate for the child named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of my child, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize my child to carry emergency medications and to use as directed; I also authorize the camp to hold and administer my child's medications in accordance with my directions.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fee. I further agree that in giving this permission and authorization, The Foursquare Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips outside of Foursquare facilities.

**SIGN >**

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF INHERENT RISK/ WAIVER AND RELEASE** I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY EVENT ACTIVITIES, AND I UNDERSTAND IT IS NOT PRACTICAL FOR THOSE RISKS TO ALL BE LISTED HERE. WITH THE COVID-19 GLOBAL PANDEMIC, IT HAS REMINDED US THAT ONE SUCH RISK IS EXPOSURE TO INFECTIOUS SICKNESS, DISEASES, PANDEMICS AND THE LIKE. I WILL ASSUME ALL OF THE VARIOUS RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME OR MY CHILD AT THIS TIME. I RECOGNIZE THAT MY CHILD'S ATTENDANCE AT A FOURSQUARE CHURCH EVENT IS A PRIVILEGE, AND AS A CONSIDERATION FOR THIS PRIVILEGE, MY CHILD AND I RELEASE THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS REPRESENTATIVES AND VOLUNTEERS, FROM RESPONSIBILITY FOR MY CHILD'S ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT THIS EVENT OR DURING FOURSQUARE CHURCH SPONSORED TRAVEL TO AND FROM THE EVENT ASSOCIATED WITH THIS CONSENT. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MINE AND MY CHILD'S FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE EVENT VENUE WITH PROPER STAFF SUPERVISION.

**INDEMNIFICATION** BY SIGNING BELOW, I AGREE TO INDEMNIFY, DEFEND AND HOLD THE FOURSQUARE CHURCH HARMLESS FROM ANY CLAIM ASSERTED BY MY CHILD AGAINST THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS, IF MY CHILD ATTEMPTS TO REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

**PHOTO RELEASE** I HEREBY GRANT PERMISSION TO THE FOURSQUARE CHURCH THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF THE FOURSQUARE CHURCH.

**SIGN >**

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_