

**Please Check**

Date Received \_\_\_\_\_  
(For Office Use Only)

Elementary     Jr. High     High School

**STUDENT MINISTRY PARENTAL CONSENT FORM**  
September 2011- August 2012

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

- The undersigned does hereby give permission for our (my) child, named above, to attend and participate in all activities associated with West Side Christian Church from September 1, 2011 through August 31, 2012.
- The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in West Side Christian Church. The leader assumes full responsibility for discipline, and because of misconduct or disobedience, may require an attendee to return home. In such an instance, I will assume responsibility.
- The undersigned does also understand that WSCC's priority is to keep all participants safe at all times, and gives WSCC and its leader's authorization to approve emergency medical treatment in the event that they cannot be contacted. The undersigned will not hold WSCC, nor its agents, liable for any injuries incurred during youth activities.
- I hereby release West Side Christian Church from any responsibility other than the normal supervision and care. In case of accident, I will not hold West Side Christian Church or its staff members, management, or officers liable unless guilty of negligence.
- I hereby release and agree to hold harmless WSCC, and any party associated with WSCC from any liability by virtue of any blurring, distortion, alteration, or use in composite form whether intentional or otherwise, that may occur or be produced in the acquisition of any media, or in any processing tending toward and including completion of the finished work including any and all written text or copy that may be created and or appear in the connection therewith. I agree that WSCC owns the copyright therein and renewals and extensions thereof and hereby waive any claims (financial or otherwise). I agree that this release shall be binding upon my student.

Signature of Parent(s) or Guardian(s) \_\_\_\_\_

**Initial here if you DON'T want this form to be a blanket form for all youth activities \_\_\_\_\_**

**If this is NOT a blanket form, then please enter the event this form covers \_\_\_\_\_**

*If this is a blanket form, please keep us aware of any changes in your health insurance coverage or change of emergency contacts.*

**IN CASE OF EMERGENCY**

Insurance Company \_\_\_\_\_

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

Emergency Phone Numbers other than those listed above

\_\_\_\_\_

Please list any allergies or medications your student is currently taking

\_\_\_\_\_

\_\_\_\_\_



Adventure Education & Team Building  
At Lake Williamson Christian Center  
17280 Lakeside Drive • Carlinville, IL 62626  
Phone 800.500.5922 • [adventure@lwccag.org](mailto:adventure@lwccag.org)  
[www.lwccag.org](http://www.lwccag.org)

Waiver and Release of Liability

In consideration of my participation in the Eagle Crest Adventures programs of Lake Williamson Christian Center, I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators (including all full-time and part-time employees and volunteers of Illinois District Council Assemblies of God) from any and all claims, actions, or losses which may arise out of my participation in this event.

I understand that the Eagle Crest Adventures' Challenge Program uses a wide variety of activities including games, team-building initiatives, and low and high challenge course activities. I understand some of these activities can be physically demanding, but are designed to be within the capability of anyone in reasonably good health. I understand that with some pre-existing medical conditions strenuous activities may not be recommended. I understand that if I have questions regarding my physical health or a pre-existing medical condition, it is my responsibility to consult with my physician in order to determine my level of participation. I understand that, regardless of my health, there is an inherent risk of physical or emotional injury with all the program activities, which I must assume for myself. I understand that all activities are presented on a "Challenge by Choice" basis, and I have the right to choose my own level of participation.

I understand that in order to participate I must wear the appropriate safety equipment and agree to follow the instructions communicated, either orally or written, by the Eagle Crest Adventures staff. I understand that Eagle Crest Adventures staff retain the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I grant permission for any photos and/or videos taken of me during my participation in the Challenge Program to be used for Lake Williamson promotion.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Group Participating with: \_\_\_\_\_

Signature of Parent (If under age 18): \_\_\_\_\_



## Adventure Education & Team Building

At Lake Williamson Christian Center

17280 Lakeside Drive • Carlinville, IL 62626

Phone 800.500.5922 • [adventure@lwccag.org](mailto:adventure@lwccag.org)

[www.lwccag.org](http://www.lwccag.org)

### Clothing Guidelines

*Group Leaders, please see that all participants receive a copy of this letter. –Thank you*

Dear Participant,

For the physical and emotional safety of our guests, the following clothing guidelines are required in order to participate in the Eagle Crest Adventure Challenge Program. Guests not in compliance with these requirements may be prevented from participating. In some cases, guests may purchase an Eagle Crest t-shirt to meet requirements.

1. Close-toed shoes must be worn. Sandals, flip flops, and other open-toed shoes are not allowed—no exceptions.
2. Jeans are *preferred* on the course. Shorts must reach mid-thigh. Skirts and dresses are not appropriate. Please NO “sagging” pants as they WILL limit what your group can do on the course.
3. *Full-cut* shirts are required. No tank tops. No belly shirts. No cleavage.
4. As a general rule, jewelry may interfere with course elements. We ask that dangling jewelry and hoops not be worn. Participants are responsible for notifying facilitators of other piercing that cannot be removed and may cause injury on course elements.
5. Be mindful of the weather, and dress appropriately for cold/wet days on the courses.
6. Basic Rule of thumb: All participants should be fully covered from shoulder to mid-thigh and dressed in a manner appropriate for Adventure Challenge Course activities.
7. Lastly, we highly recommend bug spray (Ticks are commonly found on the course. You want a product containing at least 15% DEET.) and sunscreen (UPF 30 or higher).

Your compliance with these guidelines will help your group focus on team building, and not on fashion or body parts. **Challenge Course staff reserve the right to block participation due to inappropriate, offensive, or revealing attire.** If you have any questions about these guidelines, feel free to call us at 217.854.4820 ext. 4207.

Thank you for helping us have a safe, fun-filled day free of unnecessary distractions!

Sincerely,  
The Eagle Crest  
Program Staff