SHAWNEE
ALLIANCE CHURCH
transformed lives.

Student Trip to Scene 75

What: A student trip to Scene 75 for grades 5-12.

When: May 20, 2022. We will meet in the East Campus HopeShakers room at 4:30pm and will leave promptly at 5pm. We will return to the church between 9-9:30pm.

Cost: **$40** cost includes pizza, travel, and a $25 game card.

Register: shawneealliance.com/events or scan QR code by May 15. Forms must be completed to attend.

Contact:

Josh Kennedy
Student Ministry Leader
josh@shawneealliance.com

Revised 4/6/2021

SHAWNEE
ALLIANCE CHURCH
transformed lives.

This page is left intentionally blank.
Please keep the back of this page for your own reference.

SHAWNEE
ALLIANCE CHURCH
transformed lives.

Activity Participation Agreement

Activity Information

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

Scene 75
6196 Poe Ave
Dayton, OH 45414

Name of Ministry: Student Ministry (Middle School and Sr. High)

Ministry Leader: Pastor Josh Kennedy

Activity: Student Trip to Scene 75

Date(s) and location of activity: May 20, 2022 at Scene 75. Pickup and drop-off at Shawnee Alliance Church, East Campus HopeShakers room.

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

Name of participant: _____

Grade for 2021-2022 school year: _____ 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: _____

SHAWNEE
ALLIANCE CHURCH
transformed lives.

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)

SHAWNEE
ALLIANCE CHURCH
transformed lives.

A new medical form must be filed for every school year.
If you have a 2021-2022 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 for 2021-2022 school year: _____ 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: (_____)_____

Revised 4/6/2021

SHAWNEE
ALLIANCE CHURCH
transformed lives.

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 4/6/2021