

RBC Prayer Advance WAIVER FORM

Location and Activity Information

Location Information: Fronczak and Turchan Homes at Lake Anna, VA

Sponsoring Organization: Reston Bible Church, 45650 Oakbrook Court, Dulles, VA 20166

Name of Sponsor Coordinator(s): Bob Shull **Telephone:** 703-786-4328

Description of activity: Prayer retreat at private homes located on Lake Anna.

Date: November 5-7, 2017

Participant Agreement

I acknowledge that participation in the activity described above (Prayer Advance) 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 described above, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity, as well as for any medical treatment rendered to the Participant that is authorized by Reston Bible Church or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a biblical approach to dispute resolution, following the informal process described in Matthew 18 or, if necessary, Christian conciliation such as that described in the rules of the Institute for Christian Conciliation (www.HISPEACE.org), in lieu of litigation.

Signature: _____ **Date:** _____
(Participant or parent/guardian if participant is a minor)

Prayer Advance MEDICAL RELEASE FORM

Emergency Treatment Authorization

I, _____ parent or guardian of, _____

hereby authorize Reston Bible Church, by and through its staff, agents, or employees to request and consent to emergency medical, surgical, or dental treatment for my child in the event of injury or illness. Each health care provider is authorized to initiate such treatment, tests, and care that in their judgment is deemed necessary under the circumstances of the illness or injury. I hereby agree to be responsible for and pay, either directly or through my hospitalization insurance, all medical, surgical, or dental expenses incurred for emergency health care authorized by the staff, agents, or employees of Reston Bible Church. I understand that Reston Bible Church will endeavor to contact me as soon as practical upon authorizing such emergency health care.

Health Insurance Company: _____

Policy Number: _____

Insurance Co. address: _____

Phone: _____

Signature: _____ **Date:** _____
(Participant or parent/guardian if participant is a minor)