

**Parental Consent for Field Trip/Activity  
Waiver of Claims and Medical Authorization**

River Ridge Neighborhood Church ✧ PMB 316, 8359 Elk Grove-Florin Road #103 ✧ Sacramento CA 95829

\_\_\_\_\_ has my permission to participate in the  
Participant  
\_\_\_\_\_ on \_\_\_\_\_  
Activity Date

This field trip/activity (FT/A) will be under the supervision of the youth workers of River Ridge Neighborhood Church (RRNC). Transportation will be provided by church vans and/or private vehicles.

I agree to direct my child to cooperate and to follow the directions and instructions of the adults supervising the FT/A, whether paid or volunteer workers of RRNC.

Should it be necessary for my child to have medical treatment while participating in this FT/A, I hereby give the adults permission to use their judgement in obtaining medical service for the child. I also give permission to the physician or medical personnel selected by the supervising adults to render medical treatment deemed necessary and appropriate.

I also understand that River Ridge Neighborhood Church (RRNC) does not have any individual medical coverage for injury or life insurance, so I will assume full responsibility for all medical expenses incurred, either personally or through my own insurance coverage.

All persons making the FT/A are deemed to have waived all claims against RRNC and its paid or volunteer workers for injury, accident, illness, or death, occurring while on, or by reason of, the FT/A. (If the FT/A is outside of California, all parents, guardians, and other adults participating in it, are required to sign this statement waiving such claims.)

I have read and understood the foregoing statements agreeing to assume the responsibility stated and waive all claims as indicated.

\_\_\_\_\_  
Signature of Parent/Guardian Date Signed \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian Home Phone # \_\_\_\_\_

\_\_\_\_\_  
Address City Zip Code Work Phone/Cellular/PCS/Pager \_\_\_\_\_

Contact in Emergency: \_\_\_\_\_  
Name Phone

Relationship to Participant: \_\_\_\_\_