



FIRST FRIENDS CHURCH PERMISSION FORM

Up All Night
January 6-7 7 PM-8 AM | FFC & Kent State Rec Center

STUDENT NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

PARENT PHONE: _____

DATE: _____

YOUR SIGNATURE GIVES YOUR STUDENT PERMISSION
TO PARTICIPATE IN THE EVENT AND TO BE
TRANSPORTED BY VEHICLES/BUS IF NEEDED.

A FIRST FRIENDS MEDICAL FORM MUST ALSO BE ON FILE ALONG WITH
CAMP FORMS. AVAILABLE AT WWW.GREENHOUSE242.COM

Kent State University
Department of Recreational Services
Hold Harmless Agreement and Release

In consideration of being permitted to enter Kent State University's Student Recreation and Wellness Center (SRWC) or any facility or field maintained by the Department of Recreational Services or any other University-owned property, for any purpose, including but not limited to observation, use of facilities or equipment, participation in instructional or fitness classes or sessions, club sports, or participation in any way related, the undersigned hereby acknowledges and agrees to the following:

That he or she has inspected, or immediately upon entering, will inspect such premises and facilities and any such use or observation constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for use.

I understand and recognize that I am responsible for my own well-being and fully understand all risks involved before participating in any activity through the Department of Recreational Services. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity supervisors, and/or coordinators and that, as an elective, my participation in this activity is entirely voluntary. I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, as well as engaging in fitness and physical activities in general, which could include the loss of life, serious loss of limb, or loss of property. I agree to utilize all available safety measures including following any safety training provided, and wearing all necessary protective gear if required. Also, I understand that the consumption of alcohol and/or use of drugs is strictly prohibited and could result in my dismissal from further participation in the activity.

I understand that any University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the University does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity. The Department of Recreational Services strongly recommends that each member have an annual physical examination and personal medical and accident insurance.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to indemnify and hold the supervisor(s) and coordinator(s) of this activity, Kent State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity, even if due to the negligence of Kent State University or any person serving in the above-identified capacities. I also agree that I assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the releasers or otherwise, while the undersigned is in, upon, or about the premises of the SRWC and or while using the premises or any facilities or equipment hereon.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions and that I am giving up substantial rights including my right to sue. This Agreement/Release is the entire agreement between the parties and shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further expressly agree that the forgoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion thereof is held to be invalid, it is agreed that the remaining language shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I am signing the agreement freely and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Member/Participant Signature

Date:

As a parent/guardian on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Kent State University, its agents, officers and employees against any action brought against KSU by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor.

Parent/Guardian Signature

Date:

ROCK CLIMBING/RAPPELLING: There are significant elements of risk in any activities at the climbing wall. It is not always within the power of the Kent State University Climbing Wall Staff to protect all participants at all times from the hazards of rock climbing or rappelling. The risk involved in indoor climbing includes known and unknown dangers such as loss of or damage to equipment, accidental injury, permanent trauma, or loss of life.

Acknowledgment of Risk

I hereby acknowledge and agree that the use of the Kent State University Climbing Wall has inherent risks. I have full knowledge of the nature and extent of all risks associated with wall climbing, including but not limited to:

- Injury from falling from high elevations (up to 35 feet) and impacting against the wall or landing surface.
- Injury in the form of cuts, bruises, abrasions, muscle, tendon strain, and rope burns.
- Injury from equipment or other debris falling from above the climber and belayer.
- Injury from choosing not to wear a helmet. I understand that helmets are provided free and by choosing not to wear a helmet, I am exposing myself to an increased risk.
- Injury from choosing to wear my personal harness. I understand that by using my personal harness that I am responsible for inspecting the harness and monitoring its upkeep.
- Failure to follow the above safety policies and procedures and/or follow directions from wall staff.
- The presence, actions or falls of other participants.
- Misuse of equipment or facilities in the climbing area
- Injury caused by belayer (climbing partner) negligence. I understand that it is important that I choose my climbing partner carefully, and that I am responsible in verifying their wall certification and skill level.
- Fatigue, chill and/or dizziness, which may diminish reaction time and increase the risk of accident.
- Slips, trips, falls or painful crashes while using the facilities or equipment in the climbing area.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death.

Assumption of Risk and Responsibility

In recognition of the inherent risks of the activity and in consideration for being allowed to participate in such activity, I agree to release, indemnify, and hold the supervisor(s) and coordinator(s) of this activity, Kent State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity, even if due to the negligence of Kent State University or any person serving in the above-identified capacities. I also agree that I assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the releasers or otherwise, while the undersigned is in, upon, or about the premises of the SRWC and or while using the premises or any facilities or equipment hereon. This Agreement is the entire agreement between the parties and shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree and acknowledge the following:

1. This activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I hereby certify that I have full knowledge of the nature of risks of the above activity and further understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I understand the inherent dangers involved in interstate travel and utilizing transportation on other roadways and may have accepted transportation with full knowledge and understanding of these risks. I understand that I am responsible for my own transportation, or if transportation is provided by the University, I understand the University does not control and is not responsible for the actions of any third parties who may provide me with such transportation for this activity.
3. I expressly assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am in good health, and that I have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to assume—and bear the costs of—all risks that may be created, directly or indirectly, by any such condition.

*KSU Additional
Release Rock
Climbing → Sign Back & Return
With Forms.*

I certify that I have fully read and understood the forgoing policies and procedures, acknowledgment of risks, and assumption of risk and responsibility, release and hold harmless. I agree to abide by the policies and procedures listed above and follow all directions of the climbing wall staff. I further understand that the terms of this agreement are legally binding.

Participant Name (Print) _____ Signature _____ Date _____

Signature of Parent or Guardian (if under 18) _____ Date _____

***Parent needs to be present unless it is an organized group event arranged through Recreation and Wellness Services.**

Helmet Release (Sign only if you do not want to wear a helmet) I voluntarily choose not to wear a helmet and accept personal responsibility for injuries that may occur as a result of not wearing a helmet.

Participant Name (Print) _____ Signature _____ Date _____

MS/HS YOUTH MINISTRY 2022-23

Please complete this form once for this school year. If additional space is needed for food allergies, medication, or medical conditions, please attach to this form, labeled with your child's name. Forms valid through August 2023.

Medical Form

Name of Student: _____ Birth Date: ____/____/____

Mailing Address: _____ City/State: _____ Zip: _____

Student cell: _____ Student Email: _____

School: _____ Grade: _____

Name of church you attend: First Friends Church _____ Other _____

Father: _____ Mother: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

If parents are divorced, who has primary custody? Mother _____ Father _____ Guardian _____

Guardian's Name: _____ Cell: _____ Email: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone #1 (____) _____ Phone #2 (____) _____

Name: _____ Phone #1 (____) _____ Phone #2 (____) _____

Allergies: _____ Other Medical Conditions: _____

Current medication and dosage: _____

Any medication that is needed during an event must be administered by our designated adult and **MUST** be in the original container labeled by the pharmacy. If you would like your child to have any over the counter medicine (ie. Tylenol/Ibuprofen) it will need to be turned into the youth staff and administered on an as needed basis.

Hospital Insurance: ___ Yes ___ No Insurance Company: _____ Policy #: _____

Preferred Hospital: _____ Doctor: _____ Phone: _____

In the following statements, First Friends refers to all authorized adult leaders with the youth program, both paid staff and volunteers. These statements are valid from **August, 2022 - August 2023.**

I give permission for my student, named above, to attend and participate in First Friends activities.

I give permission for my student to receive communications to their cell / email about MS/HS Ministry events/reminders.

I give permission for First Friends to photograph my child or myself and use those photographs for future social media/website/advertising. Please email msassistant@firstfriends.org or highschool@firstfriends.org if you do not want your image used

I give permission for First Friends to transport my student during these activities.

I give permission for First Friends to make necessary decisions in any medical emergency involving my student.

I will not hold First Friends Church or Greenhouse 242 / Warehouse 514 volunteers responsible for payment of emergency medical treatment involving my student or liable in any way for any harm to my child during participation in activities.

The participant agrees to respect any guidelines given by First Friends related to behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

Parent or Guardian Signature: _____ Date: _____

May we add this form to our online secure database. We will not share/sell information. Yes ___ No ___