

# ENCOUNTERS

EXPERIENCE FREEDOM//EXPERIENCE PASSION//EXPERIENCE GOD

## WOMEN'S ENCOUNTER PERSONAL PROFILE

CHURCHONThERISE

RISE

**Church on the Rise, Rocky Mount, North Carolina**

**Adult, Medical, Emergency Contact Release & Authorization Agreement**

I understand that precautions are taken to ensure programs and activities are conducted in a safe and responsible manner. However, I further understand that because of the nature of activities within the ministry in which I am participating, regardless of the supervision, there is a potential for injury during any activity. I do recognize these risks and agree to participate in all activities as indicated below. I represent that I am physically fit and I have the necessary skills to safely participate in all activities.

I sign this release in consideration for being accepted by Church on the Rise of North Carolina, for participation in (please initial by all that apply)

\_\_\_\_ a class room    \_\_\_\_ a meeting setting    \_\_\_\_ an onsite, outdoor setting    \_\_\_\_ an outreach setting  
\_\_\_\_ a specialized off campus event    \_\_\_\_ a trip

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_

***(please print your full name)***

(hereafter referred to as Releasor) do voluntarily release Church on the Rise, Rocky Mount, North Carolina, or it's subsidiaries their officers, directors, employees, pastors, volunteers and their successors and their assigns (collectively called RELEASEES), and further covenant not to sue RELEASEES, for any and all loss of damage, liability, claims, law suits and actions, whether legal or administrative, arising out of any personal injury, including death, or property damage, whether caused in whole or in part by the negligence of the RELEASEES. I further agree to indemnify RELEASEES for any costs or attorney's fees incurred by RELEASEES resulting from any claim I, my spouse, or my child(ren) may make against any third party as a result of participating in the program activity or event set forth above.

I further acknowledge, that I understand there is always a risk of personal injury when involved in the program, activity or event set forth above, and I voluntarily enter into this release and indemnification agreement for myself, my spouse and my child(ren). Furthermore, I release and promise to indemnify, defend and hold harmless the activity sponsor for any injury arising directly or indirectly 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.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any form of medical treatment necessitated by illness or injury that may require the same.

Church on the Rise, Rocky Mount or it's subsidiaries are granted permission to use any individual or group photograph taken of me at the event for publication or brochure purposes.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

PRINT FULL NAME \_\_\_\_\_ DOB \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ Grp # \_\_\_\_\_ POLICY # \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



Please list any dietary restrictions you may have: (NOTE: Every possible effort will be made to make available food substitutions, please keep in mind however, Church on the Rise is not responsible for any allergic reactions that may occur. If you have further questions, please see an Encounter staff team member at the Resource Table.)

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Known Allergies:

Allergen	Reaction	Medical Assistance to be Given

\_\_\_\_\_ I give my permission for Medical Assistance to be given regarding any of the above instances in the event an allergic reaction occurs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Here at Church on the Rise we want to encourage you to develop many new friendships while on this Encounter and one of those ways is by riding together as a group.

We have transportation already lined up to go as a group. We will leave COTR-Rocky Mount at **3:30PM on Friday**. We know that there may be some conflicts with work schedules. Please call the church office, no later than 5 days before Encounter, for any changes (252.972.7473).

Do you need to drive yourself?

\_\_\_\_\_ No

\_\_\_\_\_ Yes Please explain. \_\_\_\_\_

During the Encounter, a contact information list will be distributed to the Encounter Team only for relationship and follow up.

\_\_\_\_\_ I give my permission for my name and contact information to be included on a list to be distributed to the leadership team on this Encounter.

\_\_\_\_\_ I do not want my name and contact information to be included on the list.

