RELEASE OF LIABILITY &
ASSUMPTION OF RISK AGREEMENT
(Extra-Curricular School Activities)

In conjunction with the NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS ("NCC") and its affiliated organizations, the **Rio Lindo Adventist Academy School** (hereinafter the "School") offers to its students, their parents and/or guardians, a number of interesting and exciting indoor and outdoor extra-curricular activities both on and off campus. These include after-school sports programs, camping, mission trips, boating, hiking, biking, caving, skating, skiing & snowboarding, snorkeling, swimming, fishing, rock climbing, student club trips and activities, crafts and others.

Extra-curricular activities are school-sponsored activities that are not a required part of the regular school curriculum for which student attendance is voluntary. These activities are planned and intended to enhance the educational experience and development of our students. While we strive to make each of our activities as safe as possible, many of these activities will still have their own inherent dangers and risks of injury or even death that cannot be completely eliminated even when well-planned and supervised.

When a participant agrees to engage in extra-curricular school activities, it is the responsibility of the participant and, if the participant is under 18, his or her parent or guardian, to know their own physical limitations, learn safe techniques and to learn the proper use and limitations of each piece of equipment, if any, used in such activities. A participant should only agree to participate in an activity after taking the time to become familiar with it and its associated risks. **If you have any questions about a particular activity, its physical demands, the use of associated equipment or the inherent risks associated with that activity, PLEASE contact an instructor or supervisor before agreeing to participate.**

I, ______________________________(***Print name of participant OR parent/guardian if under 18***) am aware that participation in the activities offered by the NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS ("NCC"), its affiliated organizations and/or the *School,* has inherent risks of injury and even death. Participation in these activities is voluntary and I consent to participation with the knowledge of the risks involved.

In considerations of said participation, I, individually and/or on behalf of my child, agree to assume the risks of participation, and to release and discharge the NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS, its affiliated organizations and/or the *School*, and their employees, officers, directors, members, or agents from any and all claims, demands, actions, judgments, and executions for personal injuries or injuries to property caused by, or the result of participation in an activity offered by NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS, its affiliated organizations, and/or the *School*, unless such injury is the result of the intentional wrongful act or gross negligence of the NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS, its affiliated organizations and/or the *School,* or their employees, officers, directors, members, or agents.

By signing below, I acknowledge that I have **CAREFULLY** read, understand and agree to be bound to the above. I also understand that this agreement **DOES NOT** affect coverage for medical expenses that would otherwise be covered by the *School's* Student Accident Insurance policy. (*Please refer to the Student Accident Insurance booklet for specific coverage of information and limitations).*

Date:_________________ Signature: ___________________________________
(Participant)

Signature: ___________________________________
(Parent/Guardian, if under 18)

SIGNATURES REQUIRED ON BACK SIDE
PLEASE TURN OVER TO COMPLETE FORM

FIELD TRIP PERMISSION SLIP
AND
LIABILITY WAIVER

I (We), ______________________________(***please print parent(s) or legal guardian(s)'s name***) hereby give permission for our/my child ______________________________ (***please print name of child***) to participate in any school sponsored field trip on any date during the 2018-2019 school year. I understand that the students will be accompanied by supervisor(s) from Rio Lindo Adventist Academy. I further understand that my child's participation in the field trip is strictly voluntary and done so at my sole discretion.

Participant's Duty of Proper Conduct

I (We) and my/our child agree that my/our child's participation in this activity may be terminated for failure to behave and act in accordance with applicable regulations on conduct and for any acts of conduct of the above participant deemed by the supervisor(s) and/or chaperone(s) to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the field trip as a whole. If the participation of the above participant is terminated, only the funds, if any, not actually used will be refunded and the participant may be sent home at our/my expense.

Liability Waiver

This permission slip incorporates by reference and brings into full effect the terms of the "Release of Liability and Assumption of the Risk" agreement on file with your church.

Parent/Guardian
*Signature:*______________________________Date:______________________

Media Release

Name of Student	
Name of School	Rio Lindo Adventist Academy
School Year	2018-2019

This is to certify that I give permission to photograph and/or videotape my student for use on their website, and in various school publications and printed media. I understand that all rights, title and interest in the photography for said media outlets belong to the school and that I will receive no financial compensation for the use of these pictures and/or videotape. I further understand that the school may edit, copy, alter, or revise the photographs and/or videotape for use in their media outlets and that they will retain control over the use and distribution of the photographs and/or videotape. I have read this form and I understand its meaning.

____

Signature of Student's Legal Guardian or Representative

Northern California Conference
Office of Education
PO Box 23165
Pleasant Hill, CA 94523
925.685.4300
925.686.2014 (FAX)

Rio Lindo Adventist Academy

Medical Consent to Treatment Form

2018-2019

____ _________________________ ______

Student's Legal Name (Please print) Date of Birth (Month/Day/Year) Age

We, the undersigned parents or guardian of the listed student, a minor, give our permission for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instructions of any physician the school or a representative of the school may call, whether such diagnosis or treatment is rendered at the office of the physician or at a licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize **Rio Lindo Adventist Academy** or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.
We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to any appropriate insurance company, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records.

The signing of this form shall include authorization for immunizations and/or injections for prevention of diseases as required for schools in the State of California. This consent shall remain in continuous effect until revoked in writing. A photo copy of this authorization shall be considered as effective and valid as the original.

Father/Stepfather ________________________Signature________________________ Date_______________

Home Address____

City, State, Zip (Country)____

Phone Contact Info: Home:_________________ Business/Work: _________________ Cell: _______________

Mother/Stepmother ________________________Signature________________________ Date_______________

Home Address____

City, State, Zip (Country)____

Phone Contact Info: Home:_________________Business/Work: _________________Cell: _______________

Guardian ___________________________Signature________________________Date_______________

Home Address____

City, State, Zip (Country)____

Phone Contact Info: Home:_________________Business/Work: _________________Cell: _______________

In the event of sickness or medical emergency, please give the name, address, and phone number of an individual in the U.S. for the school nurse to contact if parent, stepparent, or guardian is not available:

Name_______________________________________Relationship_____________________________

Home Address____

City, State, Zip (Country)____

Phone Contact Info: Home:___________________ Business/Work: ___________________Cell: ___________

Student Medical Information

Date of last Tetanus Booster______________Date of last Dental Work___________ List any allergies ______________

Medication Currently Taken_____________________________________Reason_____________________________________

Name of Insurance Company

____

Insurance Company Phone Number_________________________Policy Number_____________________________

MEDICAL EVALUATION AND EXAMINATION OF STUDENT

Rio Lindo Adventist Academy

Student's Name____Birthdate_____________________Sex (M) (F)

Address____

City, State, Country, Zip ____

HEALTH HISTORY TO BE COMPLETED BY PARENT
(Please check applicable health history)

____Measles
____Polio
____German Measles
____Diphtheria
____Chicken Pox
____Whooping Cough

____Diabetes
____Heart Disease
____Epilepsy or other seizure disorder
____Scarlet Fever
____Rheumatic Fever
____Asthma

____Frequent Colds
____Frequent Sore Throat
____Frequent Stomach Aches
____Headaches
____Tonsillectomy

____Allergies: (Please List) ____

MEDICATIONS: (name and dosage of any medication your child is taking)

____

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, speech defects, vision problems, or any other items helpful to the school in planning for the student's health:

IMMUNIZATION HISTORY: Insert dates in the appropriate boxes.
Tdap immunization: ______________________________

VACCINE	DATE EACH DOSE WAS GIVEN					
	1ST	2ND	3RD	4TH	5TH	Booster
POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	
DPT/DTaP/DT/Td (Diphtheria, tetanus and [a cellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /				
HIB (Required only for child care and preschool)	/ /	/ /	/ /	/ /		
HEPATITIS B	/ /	/ /	/ /			
VARICELLA (Chickenpox)	/ /	/ /				
HEPATITIS A (Not required)	/ /	/ /				

EXEMPTIONS FOR IMMUNIZATIONS: I hereby request exemption of this child from the immunization requirements for school entry because these immunizations are contrary to my beliefs. I understand that in a case of an outbreak of any one of these diseases, the child may be temporarily excluded from school for his/her protection.

____ ____________________
Signature of Parent or Guardian **Date**

3200 Rio Lindo Avenue • Healdsburg, CA 95448 • PHONE: 707 431 5100 • FAX: 707 431 5115

Physical Examination

(Please type or print)

Student's Name____ Birth Date__________________
Last First Middle

Height______________ Weight______________ % Body Fat (optional) ______________ Pulse ______________ BP _______/_______

Vision R 20/____________ L 20/____________ Corrected: Y N Pupils: Equal __________ Unequal _________

	Normal	Abnormal Findings	Initials*
MEDICAL			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

Clearance

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for: ____
____
____
____

☐ Not cleared for: ______________________________ Reason: ______________________________
Recommendations: ____
____
____
____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities **(Note exceptions above).**

____ ______________________________________
Physician's Name and Address (stamp or print) **Examiner's Signature** **Date**
If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) per-
Formed the exam, name and address of collaborating physician or physician group:

____ ______________________________________
Examiner's Telephone Number

NOTE: History and Consent must be completed prior to Physical Examination