



PARTICIPANT PERSONAL INFORMATION

Legal Name of Participant (First, Middle, Last) _____ Nickname _____
 Address _____
 City _____ State _____ Zip _____ Date of Birth _____
 Phone (H) _____ (C) _____
 Email _____

MEDICAL AND INSURANCE INFORMATION

Family Physician _____ Phone _____
 Medical Insurance Co. _____ Policy / Group # _____
 Member ID _____ Address _____
 Name of Insured _____
 Food Allergies: _____
 Drug allergies (name): _____
 Allergic reactions to insect stings/bites _____ Poison oak, ivy, sumac _____
 Please indicate Participant's level of swimming ability (check one): NO SWIMMING____ INEXPERIENCED____ BEGINNIER____
 ADVANCED____
 Does the participant wear contact lenses? Yes _____ No _____ Glasses? Yes _____ No _____
 Previous operations or illnesses _____
 List ALL CURRENT medications: _____

 List any possible conditions or complications if current or prescribed medication is missed or not taken during portions of the trip: _____

ARE THERE ANY MEDICAL CONDITIONS, PHYSICAL, MENTAL OR EMOTIONAL THAT COULD POSSIBLY POSE A CHALLENGE UNDER STRESSFUL SITUATIONS? YES ____ NO ____ If "yes" please specify: _____

EMERGENCY CONTACT INFORMATION

In case of emergency notify: Name: _____
 Address: _____
 City _____ State _____ Zip _____
 Relationship to participant: _____
 How can they best be reached: Home: _____ Cell: _____ Work: _____
 Email address: _____

PARTICIPATION AGREEMENT:

By signing below, the undersigned authorizes the Participant's participation in church's trips, activities, and events for this calendar year. The undersigned further acknowledges and accepts the risks of physical injury or property damage associated with the Participant's participation with trips, activities and events. The undersigned accepts personal financial responsibility for any bodily or personal injury to the Participant, or property damage sustained during church trips, activities and events. Further, the undersigned agrees to indemnify and hold harmless the sponsoring organization and its representatives for any claims arising from any injury to the Participant related to the trips, activities or events.

MEDICAL AUTHORIZATION AND CONSENT TO EMERGENCY TREATMENT:

I certify to my knowledge that the Participant has not been exposed to any contagious diseases within the last 30 days. If the Participant becomes exposed to a contagious disease within 30 days of any trip, activity or event during the term of this agreement, I will inform the church. I further authorize any licensed medical provider to diagnose and treat the Participant in any emergency. I hereby consent to the Participant receiving any medical treatment in the event of an emergency.

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT:

Individually and on behalf of the Participant, I do hereby release, acquit, hold harmless and forever discharge the church, it's agents, servants, representatives and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage sustained by either the Undersigned or the Participant arising from or related to Participant's participation in any trip, activity or event (including travel to and from such activities or events).

PHOTO RELEASE:

I give permission for any image of the Participant to appear in pictures, photographs, electronic images, video, audio, any publications, on any website or other electronic media and for the church to share such images with third parties without payment or remuneration to either the Participant or the Parent or Legal Guardian.

COVENANT AGREEMENT:

The Participant will **submit to the authority** of the Staff during preparation for and on the trip, activity or event.

The Participant will conduct him/herself in a manner that glorifies God at all times.

The Participant will maintain **unity** and **peace** with other participants.

The Participant will maintain a healthy and positive attitude, especially in stressful situations.

The Participant will abstain from the use of drugs (other than medications listed above), alcohol or tobacco while on the trip, activity or event.

The Participant will be aware of safety issues & obey all rules of confidentiality and security.

The Participant will **remain** with the group and **participate** with the group.

PAYMENT OF EXPENSES FOR EARLY RETURN HOME:

If the Participant needs to be sent home from any trip, activity or event for any reason (including, but not limited to, illness, injury, breach of the Covenant Agreement, disciplinary or other reasons in the discretion of the church's representative), the Undersigned will be responsible for and agrees to pay any and all expenses incurred.

WARRANTY OF LEGAL AUTHORITY:

The undersigned Parent/Legal Guardian warrants that I am the parent or legal guardian of the Participant and that I have full legal authority to grant all of the consents, releases and other agreements herein on behalf of the Participant. I further warrant that all information in this agreement is true and correct and that the church or its representatives may rely on it to be accurate.

CHANGES IN MEDICAL CONDITIONS OR MEDICATIONS:

If at any time during the term of this agreement there is any change in the medications to be taken by the Participant or other health or medical conditions of the Participant, I will immediately notify the church in writing.

Initials: _____

TERM OF AGREEMENT:

This agreement shall apply to all trips, activities and events for the calendar year in which this agreement is signed, unless terminated in writing, in which case, all agreements set forth above with regard to any trip, activity or event occurring prior to the date of termination shall survive the termination and remain in full force and effect.

SO AGREED, this the _____ day of _____, 20____.

Parent or Legal Guardian

Participant

Notary Acknowledgement:

State of _____ County of _____ On _____ before me,

_____, Notary Public, personally appeared

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: _____

My commission expires: _____