

# ALL SAINTS' CHURCH

YOUTH MINISTRY

2009-10 REGISTRATION, RELEASE, AND WAIVER

## PARTICIPANT INFORMATION

|   |             |
|---|-------------|
| Last Name:  | First Name: |
| Birth Date:   | Grade:      |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  |             |
| School:   |             |
| Significant Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i> |             |
| Significant illnesses, injuries, or conditions:   |             |
| Any other information that would help us provide the best possible experience at youth ministry activities: |             |

## CONTACT INFORMATION

|                |                              |
|----------------|------------------------------|
| Address:       | Additional Address (if any): |
|                |                              |
|                |                              |
| Email Address: |                              |
| Home Phone:    | Cell Phone:                  |

## PARENT'S / LEGAL GUARDIAN'S INFORMATION

|                 |                 |
|-----------------|-----------------|
| Mother's Name:  | Father's Name   |
| Mother's Email: | Father's Email: |
| Mother's Cell:  | Father's Cell:  |

## EMERGENCY CONTACT INFORMATION

|                              |               |
|------------------------------|---------------|
| Name:                        | Phone Number: |
| Relationship to Participant: |               |

## HEALTH INSURANCE AND DOCTOR'S INFORMATION

|                       |                 |
|-----------------------|-----------------|
| Company:              | Policy Number:  |
| Policy Holder's Name: | Group Number:   |
| Doctor's Name:        | Doctor's Phone: |

*Please fill out the waiver and release on the other side of this page.*

To indicate your consent to this Release, please initial each paragraph. *For participants under-18, this Release must be signed and completed by a parent or legal guardian.*

**1. Waiver and Release ("Release").** I, \_\_\_\_\_ (PARTICIPANT, IF 18 OR OLDER), and / or I, \_\_\_\_\_ (LEGAL GUARDIAN), release and forever discharge and hold harmless All Saints' Church and all of its officers, employees, agents and volunteers (hereafter, "the Church") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which may arise from the minor's volunteer participation at the Church. I understand and acknowledge that this Release discharges the Church from any liability or claim against the Church with respect of bodily injury, personal injury, illness, death, or property loss or damage that may result from participation with the Church on or off its property. This Release of liability shall include (without limitation) any claims of negligence or breach of warranty. It is also understood that the Church does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property loss or damage. INITIALS: \_\_\_\_\_

**2. Medical Treatment.** I recognize that there may be occasions where the participant may require first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I hereby give permission for agents of the Church to seek and secure any needed medical attention or treatment for the participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

I release and forever discharge the Church from any claim whatsoever may arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the participants' time with the Church. INITIALS: \_\_\_\_\_

**3. Assumption of Risk.** I understand that the participants' time with the Church may include activities, including transportation to and from events, that may be hazardous to them and which may involve unknown risks not reasonably foreseeable at this time. I hereby expressly assume the risk of injury or harm in these activities and release the Church and the owners and lessors of premises used to conduct events from all liability for injury, illness, death or property damage resulting from the activities of the participants' time at the Church. INITIALS: \_\_\_\_\_

**4. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable. INITIALS: \_\_\_\_\_

**5. Image Release.** I grant and convey to the Church all right, title, and interest in all photographic images and video or audio recordings made by the Church during the participants' involvement in youth ministry activities. INITIALS: \_\_\_\_\_

\_\_\_\_\_  
*Or, if initialed here, I do not want images or recordings made of the participant used in any way.* INITIALS: \_\_\_\_\_

**6. Term of Release.** This release will be in effect for all programs occurring from October 1, 2009 – August 31, 2010. INITIALS: \_\_\_\_\_

Signature of Participant:

Signature of Parent / Legal Guardian

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_