



Community of Christ

EVENT REGISTRATION FORM

Registrant's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Registrant Information:

Email Address: _____
Home Phone: _____
Cell Phone: _____

Name of Event, Date, and Location: _____

Special Needs or Requests: _____

Parent/Legal Guardian: Name: _____ Home Ph: _____ Work Ph: _____
Cell Ph: _____ Email Address: _____

Parent/Legal Guardian: Name: _____ Home Ph: _____ Work Ph: _____
Cell Ph: _____ Email Address: _____

Emergency Contact: Name: _____ Home Ph: _____ Work Ph: _____
Cell Ph: _____ Email Address: _____

Other Persons Authorized by Parent/Guardian to transport Registrant home upon conclusion of Event:

MEDICAL HISTORY—Please Check YES or NO and explain any "YES" answer

YES NO Are you allergic to any foods, latex, medications, etc.? _____

YES NO Are you presently under a physician's care for any acute/chronic medical condition? _____

YES NO Are you currently taking any medications? _____

YES NO Please list all mental health and/or physical conditions, if any. _____

YES NO Have you recently been exposed to a contagious disease or illness? If yes, please describe.____

YES NO Do you have any special dietary needs? _____

Family Physician: _____ Phone: _____

Please attach a photocopy of a current health insurance card which covers the Registrant.

Release and Consent

Please read each of the following Release and Consent Statements and sign this registration form. Your signature indicates your consent.

Consent to Medical Treatment

As the Registrant, or if under the age of 18 (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), the parent or legal guardian of the Registrant listed on this form, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during the Event, and I agree that if the Registrant has an illness on the day the Event begins that could be harmful to him/her or to others, he/she will not be allowed to begin the Event.

Consent to Participate in Event Activities

As the Registrant, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here: _____

Waiver and Release of Liability

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death **based upon ordinary negligence**, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto.

Photo Release

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby give consent to and authorize the taking of photographic, audio or video recordings in which the Registrant may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by **Community of Christ** for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Event Rules

Possession of fireworks, firearms, fixed or switched blade knives (except under supervision by Event staff), any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden. Additional Event Rules are attached and incorporated by reference to this agreement.

STATEMENT OF CONSENT AND RELEASE

*I, the undersigned, have read and consent to the rules, guidelines and releases specified in this form.
I have read, understand, and agree to abide by the Event Rules.*

Registrant

Parent/Legal Guardian, if Registrant is under 18 (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado)

Mail completed forms, front & back of insurance card, and registration fees to:
Gateway Mission Center; P.O. Box 309; Villa Ridge, MO 63089