Friends Forever Registration and Release Form

In consideration of being accepted by the Aurora Advent Christian Church for participation in **Friends Forever – November 5-7, 2021** we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless the Aurora Advent Christian Church, all churches and volunteers involved, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):
We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

6 7 8 9 10 11 12 College Sponsor
(Please circle)

_____
Name of person attending

I am attending as: _____ an individual _____ as a part of this group
(Please check)
Group Name: _____

_____ _____ _____ _____
Address City State Zip

_____ _____
Home Phone Email

_____ _____ _____
Home Church Date of birth Gender

_____ _____
Parent or Guardian name(s) Parent's cell number

_____ _____
Emergency contact name Emergency contact phone

Hospital insurance _____Yes _____ No Allergies: _____

Insurance Company _____ _____

Policy Number _____ Medications: _____

Physician's name _____ _____

Physician's phone # _____ Medical Conditions: _____

_____

_____ _____
Signature of parent, guardian, or participant (if over 18) Date