

2011 SUMMER FESTIVAL SENIOR HIGH REGISTRATION
GUSTAVUS ADOLPHUS COLLEGE **JULY 11-JULY 16**

Name: _____

Phone Number: _____ - _____ - _____

Address: _____

City: _____ State _____ Zip Code _____

Sex: M F Grade Completed in 2010-2011: _____ Birthdate ____/____/____

Parent/Guardian Names: _____

I am attending with this Church/Group: Family Fest Ministries

**** IN CASE OF EMERGENCY**** I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Youth Forum the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Youth Forum. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Youth Forum and Family Fest from liability in acting on my behalf in this regard so long as Youth Forum is not grossly negligent.

****PROMOTIONAL MATERIAL RELEASE**** I give Youth Forum MN, and/or Family Fest Ministries permission to use photography and video taken at the Summer Festival to be used in promotional material.

****RELEASE OF LIABILITY**** On behalf of the above registered Camper or Staff, their family, heirs, assigns, representatives and estate, I expressly acknowledge that my voluntary participation in the Summer Festival involves known and unanticipated risks which could result in injury, disability, death, and/or property damage, and I agree to assume all of the risks of this activity. In consideration of participating in Summer Festival, I hereby voluntarily release, indemnify and hold harmless Family Fest Ministries, the Summer Festival, its sponsor Youth Forum Minnesota and its staff, directors, volunteers, participants or agents ("Releasees") from any and all claims, losses, or causes of action connected with this activity. This release does not apply to claims arising from intentional conduct. I agree to indemnify and hold Releasees harmless for all costs to enforce this agreement. I represent that I have adequate insurance to cover any injury or loss I may suffer or cause while participating in this activity, or agree to bear such costs myself. By signing this Release, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Releasees for any claim for negligence. I have read and understood this document, had the opportunity to consult with legal counsel, and agree to be bound by its terms.

Signature of Parent or Guardian _____ Date: _____

Parent's e-mail _____

Daytime Phone Number(s) _____

In case parents are unreachable, please contact:

Name _____

Address _____

Phone _____

Additional comments regarding medical history, allergies, penicillin or drug reactions that may be needed in treatment:

Parent or Guardian's Health Insurance Company

Name & Address: _____

Policy Number: _____

Camper Cost: \$445.00. Camper cost includes Summer Festival fee and transportation.

Mail registration and \$50 deposit to: Family Fest Ministries, 140 W 98th St. STE 206, Bloomington, MN 55420