



KC Medical Release Form

January 13-16, 2012 or February 17-20, 2012

KC/Teacher Info:

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip: _____
Phone (h): _____ Phone (c): _____ Grade: _____
Email Address: _____ Date of Birth: _____

Parent Contact and Emergency Info

Parent's Names: _____
(If different from above)
Address: _____ City: _____ Zip: _____
Phone (h): _____ Phone (c): _____ Phone (w): _____
Email Address: _____

Contact if the above parents cannot be reached:

Name: _____ Relationship: _____
Phone (h): _____ Phone (c): _____ Phone (w): _____

Insurance Info:

Medical Insurance Company: _____ Policy #: _____
Please list any medical concerns, allergies or other information here: _____

(Attach additional sheet if necessary)

Family Fest Release and Acknowledgement of Risk

In consideration for participating as a KC (Kid's Counselor or Teacher) in the retreats, events, or other activities of Family Fest Ministries, Inc. ("Family Fest"), the undersigned participant or his/her parent or legal guardian if participant is under eighteen (collectively "KC") agrees to release, indemnify, and discharge Family Fest, its employees, agents, participants, volunteers or other persons or entities acting on their behalf, as follows:

1. KC understands that participation in the activities conducted by Family Fest entails unanticipated risks which could result in injury to KC and/or KC's property. KC's attendance at Family Fest activities is voluntary, and KC has elected to attend Winter Weekend in spite of the risks. KC expressly accepts and assumes all such risks related to such activities, and waives any and all claims against Family Fest. KC acknowledges that if injured during participation in the activities of Family Fest, KC may be found by a court of law to have waived his/her right to maintain a lawsuit against Family Fest.
2. If during the Family Fest event my minor child listed above requires medical assistance, I authorize the Family Fest staff or volunteers to make any necessary decisions until I can be reached.
3. KC grants permission to Family Fest to photograph, record and/or videotape KC, and grants permission to Family Fest to use these photographs, recordings and/or videotapes for promotional purposes only.

Signed: _____ Date: _____

Name: _____

Please return to: Family Fest, 140 West 98th St, 206, Bloomington, MN 55420
Applications will only be considered when you have: 1. Completed the online application. 2. Completed and mailed this form. 3. Sent your \$95 payment.
Applicants will be notified by email regarding acceptance.

