



Family Fest Summer Festival Camp Participant Registration Form 2017

_____ Summer Festival Camp: High school - July 9-12 - Gustavus Adolphus College

_____ Summer Festival Camp: Middle School - July 13-16 - Gustavus Adolphus College

Attendee's Name _____

Address _____

City _____ State ____ Zip _____

Church or Group Attending With – Family Fest Ministries

Parent's Phone Number _____ Parent's Cell Number _____

Attendee's Cell Phone Number _____ Email _____

Grade _____ (Completed at the end of 2016/17 school year) Birthdate ____/____/____

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

****PROMOTIONAL MATERIAL RELEASE**** I give Youth Leadership 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, their family, heirs, assigns, representatives and estate, I expressly acknowledge that my voluntary participation in the Summer Festival Camp 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 camp, I hereby voluntarily release, indemnify and hold harmless the Summer Festival Camp volunteers, its sponsor Youth Leadership and Family Fest Ministries 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.

Parent/Guardian Signature _____

Emergency contact:

Name _____

Phone _____

Health Insurance Information

Health Insurance Company: _____

Policy Number: _____

Additional comments regarding medical needs and history, prescription medications, food allergies and restrictions, penicillin or drug reactions or things we should know about the attendee.

Please return this form along with deposit (\$50) or full balance (\$295) to:

Family Fest Ministries

140 West 98th Street, Suite 206,

Bloomington, MN 55420.