

Family Fest Child Guest Medical Release Form

Child's Last Name _____ Child's First Name _____

Parents Names: _____

Address _____

City _____ State _____ Zip _____

Child's Grade 2015/16: _____ Child's Date of Birth: ____/____/____

Email Address _____

Family responsible for your child while attending Summer Splash: _____

Emergency Phone Numbers:

Parent (H) _____ (W) _____ (Cell/Pager) _____

Other Parent: (H) _____ (W) _____ (Cell/Pager) _____

Contact if the above parent(s) cannot be reached:

Name _____ Relationship _____

Phone: (H) _____ (W) _____ (Cell/Pager) _____

MEDICAL AND ACTIVITY RELEASE: In consideration for participating 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 "Camper") 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. Camper understands that participation in the activities conducted by Family Fest entails unanticipated risks which could result in injury to Camper and/or Camper's property. Camper's attendance at Family Fest activities is voluntary, and Camper has elected to attend Summer Splash in spite of the risks. Camper expressly accepts and assumes all such risks related to such activities, and waives any and all claims against Family Fest. Camper acknowledges that if injured during participation in the activities of Family Fest, Camper may be found by a court of law to have waived his/her right to maintain a lawsuit against Family Fest.

2. Camper grants permission to Family Fest to photograph, record and/or videotape Camper and Camper's family members, and grants permission to Family Fest to use these photographs, recordings and/or videos for promotional purposes only.

If during the Family Fest Summer Splash family camp, my child listed above requires medical assistance, I authorize _____, or the Family Fest Staff to make any necessary decisions until I can be reached. I/we, as parent/guardian of the above child, agree to release, indemnify and defend Family Fest, Inc. from and against any claim, damages, or losses arising from injuries or acts at Family Fest Summer Splash.

Parent Signature: _____ Date: _____

Insurance Info: (Attach additional form if necessary)

Medical Insurer, Group and ID#

Any medical concerns, food allergies, or other information for my child/children:

Cost for child guest to attend Family Fest Summer Splash is \$225.00.

Family Fest Ministries 140 West 98th Street, Suite 206, Bloomington, MN 55420.
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