

Family Fest Child Guest Medical Release Form
Guest Child rate for Winter Weekend 2023 is \$295

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

Parents Names: _____

Address _____

City _____ State _____ Zip _____

Child's Grade 2022/23: _____ Child's Date of Birth: ____/____/____

Email Address _____

Family responsible for your child while attending Winter Weekend: _____

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 Winter Weekend 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 Winter Weekend 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 Winter Weekend. COVID-19 Statement and Understanding: Family Fest will take what it believes to be reasonable measures to mitigate and minimize the risks of COVID-19 associated with our Winter Weekend event. You and your family assume the risk of becoming exposed or infected by COVID-19, or another communicable disease(s). If you are uncomfortable with these risks and choose not to come, let us know and we will refund your camp payments. By choosing to attend the event you and your family understand that you are freely choosing to participate in a risk event and that it is your responsibility to exercise the utmost care and safety to mitigate or minimize the risks of COVID-19 for the protection of the whole community. Family Fest their staff, agents, employees, licensees, volunteers, and participants are not responsible for any injury, damages, claim, or action of any kind originating from the event, and by participating you waive any and all rights to the same.

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: