

Passion 2022 Joint Student Event

General Release and Liability Waiver

Every Student/Volunteer/Supervisor must have a completed and signed General Release and Liability Waiver to turn in at registration on the first day of the Passion 2022 Joint Student Event to participate. ALL areas must be completed.

Student/Attendee Name _____ Cell Phone Number (_____) _____

Address _____ City, State & Zip _____

Name of Legal Guardian _____ Emergency Number (_____) _____

Email Address _____ Church Name _____

- Check here if you the Parent or Legal Guardian of a Student
- Check here if you are a Student 18 years or Older
- Check here if you are a Volunteer/Leader
- Check here if you are Supervisor/Pastor/Minister

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree to participate and/or grant my child/ward permission to participate in the Passion 2022 Joint Student Event above (hereinafter "Event") to be conducted by area churches, organizations and volunteer properties. I further agree to release and to hold harmless area churches, ministers, volunteers, supervisors, leaders and agents (hereinafter "Sponsors"), the Hosting Site, (church, ranch, event property) on whose premises the Joint Student Event will occur (hereinafter the "Location") the affiliates of area churches, Sponsors, the Location, and the respective directors, representatives, members, agents and employees of area churches, and the Location (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness, sickness or injury (minimal, serious, catastrophic and/or death) that I and/or my child/ward may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. This includes, but is not limited to, any injury, illness and/or damages resulting from contracting a communicable disease such as COVID19 or other viruses. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Sponsors, the Location and Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury, sickness or illness (including but not limited to the COVID19 virus or mutations of that or any other virus and any conditions caused by such viruses). I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Event will occur. I have signed this document voluntarily and of my own free will.

Appearance Agreement. I understand that area churches produce promotional material relating to their programs. I understand that as a participant, legal guardian and/or a spectator at the Joint Student Event, I and/or my child/ward may be included in videotapes, photographs, live videocasts and social media posts taken during the Event. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Event Sponsors and Location the exclusive right to photograph and/or videotape me and or my child/ward and to utilize such videotapes and photographs and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further I waive any right to inspect or approve the copies of any promotional materials related thereto.

Rules and Regulations. I further acknowledge and understand that area churches have established rules and regulations pertaining to rules, conduct, behavior and activities of all Event participants by which I and or my child/ward agree to abide by during the Event, and that I will be responsible for my or my child/ward's failure to abide by those rules and regulations. I understand that violation of the Event rules can result in dismissal from Event with no refund and that in such case I would be responsible for the removal of myself and or my child/ward from the Event's Location.

Medical Release. I acknowledge and agree that such participation subjects me and or my child/ward to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death), including but not limited to the COVID-19 virus and any conditions caused by it, and that I acknowledge that I am assuming the risk of such illness or injury for me or my child/ward by participating in the Event. In the event of such illness or injury, I authorize Releasees to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred by me and or my child/ward for any illness or injury that may be sustained during or after the Event and while traveling to and from the Location.

I hereby warrant that I have read the General Release and Liability Waiver in its entirety or had it read to me and fully understand its contents. I am aware that this Release and Waiver Form releases Sponsors, the Location and or all Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Release and Waiver Form constitutes a guarantee that the Joint Student Event will occur. I have signed this document voluntarily and of my own free will.

Signature: _____ **Date:** _____

Relationship to Attendee: (Self, Mother, Legal Guardian Etc.) _____

Passion 2022 Joint Student Event

Student Medical Information Form

Every **Student** must have a completed and signed Medical Information Form in addition to their General Release and Liability Waiver to turn in at registration on the first day of the Joint Student Event to participate. **ALL areas must be completed.**

Insurance and Medical Information. I represent that any medication to which I and or my child/ward am allergic or medications that I and or my child/ward am/is currently taking are listed below. I agree that I and or my child/ward shall bring only medications which are currently being taken with me and or my child/ward to the Joint Student Event and that I and or my child/ward shall consume only the prescribed dosage for such medications. I understand **Event Sponsors will not administer or supply any type of medication at camp.**

Medications (if any): _____

Medications (if any): _____

Allergic to (if any): _____

I Acknowledge that I suffer from the following conditions: _____

Primary Physician: _____ Phone Number: () _____

Your Birthdate: ____/____/____ Insurance Company: _____

Insurance Company Address: _____ Insurance Company Phone:() _____

Medical Insurance Policy/Group Number - _____

Emergency Information: Name(s) to contact: _____

Cell Phone Number: () _____ Emergency Contact Address: _____

COVID-19 Signs or Symptoms: Please check the box of any of the following signs or symptoms that have been observed or experienced by you of your child/ward within the last 48 hours.

- | | |
|--|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Loss of Taste or Smell |
| <input type="checkbox"/> Shortness of Breath or Difficulty Breathing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Fever greater than or equal to 100.00 degrees Fahrenheit |
| <input type="checkbox"/> Repeated Shaking with Chills | <input type="checkbox"/> Known close contact with a person who is confirmed to have COVID-19 |
| <input type="checkbox"/> Muscle Pain | |
| <input type="checkbox"/> Headache | |
| <input type="checkbox"/> Sore Throat | |

I hereby acknowledge and represent that I have read the General Release and Liability Waiver, or had it read to me in its entirety, fully understand its contents and have accurately completed the Student Medical Information form. I am aware that the General Release and Liability Waiver releases Sponsors, the Location and or all Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness and therefore affects my legal rights. I further acknowledge that nothing in this Release and Waiver Form constitutes a guarantee that the Joint Student Event will occur. I have signed this document voluntarily and of my own free will.

Signature: _____ **Date:** _____

Relationship to Attendee: (Self, Mother, Legal Guardian Etc.) _____