

Community of Christ

Central Missouri Mission Center Event Release

For Activities other than Youth Camps

GENERAL INFORMATION—PLEASE PRINT

Name _____ Age _____ Grade Completed _____ Gender (circle one): M F
Birthdate _____ Phone Number () _____ E-mail _____
Address _____ City/State _____
Zip/Postal Code _____ T-shirt Size (circle one) Adult: S M L XL 2XL 3XL Child: S M L XL
Religious Affiliation _____ Home Church _____
Name of Parents, Custodial Parent, or Legal Guardian* _____
Work Phone _____ E-mail _____
Additional Parent, Legal Guardian, or Next of Kin* _____
Home Phone _____ Work Phone _____ E-mail _____
Persons allowed to pick up child from event* _____

*Applies only to those under 21 years of age.

Emergency Notification

Name _____ Relationship _____ Phone () _____
Address (If different than above) _____
City/State/Zip code _____

Name _____ Relationship _____ Phone () _____
Address _____
City/State/Zip code _____

Medical Information

Circle one

Y N Allergy to foods, medications (if yes, so state) _____
Y N Is applicant currently under a physician's care for any acute or chronic medical condition?
If yes, please explain. _____
Y N Does applicant carry *non-prescription* medication on their person?
If yes, medication(s) and purpose _____
Y N Does applicant require *prescription* medications?
If yes, medication(s) and purpose _____

Physician _____ Phone () _____
Office Address _____
Hospital/Clinic of Choice (if applicable) _____

Health Insurance Provider _____ Phone () _____
Policy Holder's Name _____
Address (If different than above) _____

Group Number _____ Policy Number _____
Other Information _____

Please attach a copy of health insurance card.

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General Consent and Release Form

In consideration of _____'s (*name of participant*) participation in an activity sponsored by the Community of Christ, I do for myself and for and on behalf of my child-participant hereby release, forever discharge, and agree to hold harmless the Community of Christ and its directors, agents, employees, assigns, and any subordinate units from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever due to ordinary negligence that may be incurred by the undersigned and the child/participant that occur while said child is participating in above listed activities, including transportation to and from such activity. I have listed below any activity that my child cannot participate in.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify Community of Christ, its directors, employees, and agents, assigns, and subordinate units for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 18 years*, I am a parent or legal guardian of this participant, and thereby grant my permission for him/her to participate fully in said event unless specific activities have been listed below. I also give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I also agree that if my child has an illness on the day of departure, which could be harmful to him/her, or to others he/she will not be allowed to enter the bus.

Further, I hereby give consent to and authorize the taking of photographs or videotape in which my child may appear, and their use in all media, including the world wide web, hereby waiving all right of privacy in and to any said pictures or tapes.

Here is the list the activities my child cannot participate in:

Authorization Signature

I have read and agree to all statements in the liability release. I consent to have my child participate in the above listed activity/event.

Signature

Date

Print Name

*Parent/Guardian's Signature if under 18 years of age**

Date

[* 19 years in Alabama, Alaska, Nebraska & Wyoming; 21 years in Pennsylvania, Puerto Rico and Mississippi]