

# EDGEWATER CHRISTIAN FELLOWSHIP

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WWW.EDGEWATERFELLOWSHIP.ORG

## ACTIVITY SIGN UP FORM

Activity Name \_\_\_\_\_

Activity Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone # \_\_\_\_\_

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

List of Allergies \_\_\_\_\_

\_\_\_\_\_

List of Medications \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Shot (MINORS ONLY) \_\_\_\_\_ Insured DOB \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name \_\_\_\_\_ ID # \_\_\_\_\_

## AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MINOR CHILD

In the event that a serious accident or illness befalls your child, Edgewater Christian Fellowship will first make every effort to contact you at home, on your cell, or place of business and comply with your instructions. If you cannot be located, Edgewater Christian Fellowship is authorized to: 1. Contact the physician or emergency contact provided and follow their instructions. 2. Transport the above child to a hospital for treatment by an on-duty emergency room physician. 3. The parent/guardian signed on the back of this form authorizes the named physician to give consent for any procedure or hospital care deemed advisable. In the event that the named physician is not available, Edgewater Christian Fellowship's leadership is authorized to give necessary consent for any treatment, care, diagnosis, and/or examination of the person named.

**PLEASE SEE BACK**

## STATEMENT OF RESPONSIBILITY

Edgewater Christian Fellowship, in accepting this application for the activity and person named, hereby declares that Edgewater Christian Fellowship, its employees and/or volunteers shall not be liable for the faults or defaults of other companies and persons that may be used in carrying out the activity, nor for accidents, baggage losses, strikes, political unrest, riots, acts of war, acts of God, or acts of Satan. In the event it becomes necessary or advisable for any reason whatsoever to alter the itinerary or arrangements, such alterations may be made without penalty to the staff, volunteers and Edgewater Christian Fellowship. Additional expenses, if any, shall be borne by the participants. The right is also reserved to withdraw this activity and to decline, to accept, or retain any persons or members in the activity.

## RELEASE OF LIABILITY

I, \_\_\_\_\_ am aware that this activity may include certain risks, including but not limited to the risk of serious injury or death. I am voluntarily participating in this activity with the knowledge of the dangers involved and hereby agree to accept full responsibility for the risks involved.

1. I agree that I will not sue, or otherwise make any claims against Edgewater Christian Fellowship (ECF), their employees, volunteers, agents, and contractors, for any loss, injury, or damage resulting from participation in the activity/trip named on the front of this form.

2. I agree that Edgewater Christian Fellowship, their employees, volunteers, agents, and contractors, will not be held legally responsible for any loss, injury, or damage resulting from any cause, including negligence.

3. To the fullest extent allowed by law, I agree to release, indemnify and hold harmless, Edgewater Christian Fellowship (ECF), their employees, volunteers, agents, and contractors from all actions or claims from myself, my heirs, or personal representatives for any loss, injury, or damage resulting from participation in the activity/trip named on the front of this form.

4. The terms of this release shall also be binding to any other persons, including all family members, heirs, executors, or administrators, and including any minors which may accompany me. I understand this is a binding contract that supersedes any other agreements or representations, and is intended to provide a comprehensive release of liability but is not intended to assert any defenses which are prohibited by law.

5. I am legally competent to sign this release or my parent or guardian has also read and signed this release.

6. If I am signing on behalf of a minor, in addition to the above, I also agree to release, hold harmless, and indemnify Edgewater Christian Fellowship, and their employees, volunteers, agents and contractors for any claim of the minor. I agree to be responsible for any medical expenses incurred by the minor.

**I have carefully read this agreement. I fully understand its contents and sign it of my own free will. I understand that a one week cancellation notice is required for any refund unless otherwise noted on the flyer. I grant Edgewater Christian Fellowship permission to use my / my child likeness, voice, and/or words in television, radio or film.**

Date: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

(Must also be signed by parent or guardian if participant is a minor.)

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_