

Cedar Valley-Nauvoo Mission Center Discipline, Liability, Medical & Photo Release Form

Name of Event:	St	aff:	_ Participant:
Participant's Name:			
Male: Female: Age:			
Address:			
City:			
Parent/Legal Guardian Name:			
Relationship to Participant:			
Cell Phone:	Home Phone:		
Work Phone:	Other Phone:		
Person(s) allowed to pick up participant fr	rom event:		
In case of an emergency, and parent/lega	l quardian cannot be re	eached, ple	ease contact:
Contact 1:			
Phone:			
Relationship:			
Medical Information:			
Insurance Carrier:	Poli	icy#:	
Participant's Physician:			
Date of last tetanus shot: A			
Medication(s) & Dose(s):	-		
List any specific information that the even health:	-	know abo	ut the participant's
Permission for Medical Treatment: I, the parent/legal guardian, do hereby authoriz reached by phone, to give consent to a physicia while at this event or any associated off-site events.	n and/or hospital for emer		
Signature of parent/legal guardian:		D	ate:

Photo Release:

I, the parent/legal guardian, do hereby give my consent and authorize Community of Christ, its successors, heirs, legal representatives, assigns, and agents to use and reproduce the participant's name, voice and/or likeness (photographic, illustrative, audio or video tape, film or electronic and/or digital image), and circulate and use the same for any and all official resources, use, or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the Internet/World-Wide Web. Consideration is hereby waived in perpetuity, and no further claim of any nature whatsoever shall be made by me, my heirs or assigns. Community of Christ has made no representations concerning the use hereof to me.

Signature of parent/legal guardian: ______ Date: _____

Consent and Liability Release: I, the parent/legal guardian of the participant listed on this participate in this event and any associated off-site events. parent/legal guardian, understand that all participants are responsible to the event director/staff. The event director/s and, if necessary, may, because of misconduct or disobedie instance, I, the parent/legal guardian, will assume full respondence.	The participant identified on this form and I, the expected to abide by the event rules and be directly staff assume responsibility for discipline at the event ence, require the participant to leave. In such an
I, the parent/legal guardian, acknowledge and am aware the including those associated with the transportation of the parameter and back, which I am prepared to accept on behalf of the parameter allow the participant to attend this event and all associated (including its officers, employees, agents, assigns, and affil injury, sickness, disease, death, or damage as a result of parameter activities. This release applies to any and all liabilities to me or description, whether arising from ordinary negligence or expenses of any kind.	participant to any activities (on-site and/or off-site) participant. Accordingly, as part of my decision to activities, I hereby release Community of Christ liates) from any and all liabilities with the respect to articipation in this event and all associated e, the participant, either of our estates of any type
Further, I, the parent/legal guardian, understand that the parrival at the event. My consent and signature, as parent/legaree to the information given in its entirety on this form.	
Signature of parent/legal guardian:	Date:

This form <u>MUST BE</u> presented at registration for all event participants (adult and youth) attending Community of Christ/Cedar Valley-Nauvoo Mission Center events; <u>WITHOUT EXCEPTION</u>.

Community of Christ/Cedar Valley-Nauvoo Mission Center cannot allow <u>anyone</u> to attend events/activities without completing and submitting this form!