**Summer Festival Camp Participant Registration Form 2020**

\_\_\_\_\_\_\_ Summer Festival Camp: High school - July 12-15, 2020

\_\_\_\_\_\_\_ Summer Festival Camp: Middle School - July 19-22, 2020

\_\_\_\_\_\_\_ Summer Festival Camp: Student Leadership Track - July 19-22, 2020

Attendee’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Church or Group Attending With\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Completed in 2019\_\_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* IN CASE OF EMERGENCY\*\*** I understand that every effort will be made to contact emergency contact. If they cannot be reached, I hereby give Summer Festival Camp the permission to act in my behalf in seeking emergency treatment for me in the event that such treatment is deemed necessary by Summer Festival Camp. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Summer Festival Camp from liability in acting on my behalf in this regard so long as Summer Festival Camp is not grossly negligent.

**\*\*PROMOTIONAL MATERIAL RELEASE\*\*** I give Summer Festival Camp permission to use photography and video taken at the Summer Festival to be used in promotional material.

**\*\*RELEASE OF LIABILITY\*\*** On behalf of the above registered camper, their family, heirs, assigns, representatives and estate, I expressly acknowledge that my voluntary participation in the Summer Festival Camp involves known and unanticipated risks which could result in injury, disability, death, and/or property damage, and I agree to assume all of the risks of this activity. In consideration of participating in Summer Festival camp, I hereby voluntarily release, indemnify and hold harmless the Summer Festival Camp volunteers, its sponsor Summer Festival Camp and its staff, directors, volunteers, participants or agents (“Releasees”) from any and all claims, losses, or causes of action connected with this activity. This release does not apply to claims arising from intentional conduct. I agree to indemnify and hold Releasees harmless for all costs to enforce this agreement. I represent that I have adequate insurance to cover any injury or loss I may suffer or cause while participating in this activity, or agree to bear such costs myself. By signing this Release, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Releasees for any claim for negligence. I have read and understood this document, had the opportunity to consult with legal counsel, and agree to be bound by its terms.

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance Information**

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments regarding medical needs and history, prescription medications, food allergies and restrictions, penicillin or drug reactions or things we should know about the attendee.