

THE CALL PARTICIPANT RELEASE FORM



IMPORTANT INFORMATION....ALL students and adult leaders must fill out this form in it's entirety. Youth Pastors/Leaders, please make copies of this form for your records and submit the originals to the Southwest Region. Students and adults will not be allowed to enter/participate in the event with out a legible and completed form.

Contact Information (please type or print legibly)

Name _____

Gender Male Female

Address _____

City/State/Zip _____

Student's Cell _____

Student's Email _____

Hm. Phone _____

Parent's Email _____

Name of parent/guardian (with whom student lives)

Emergency Contact & Phone

Church attending with

Youth Pastor/Leader's Name

Health Insurance Provider

Policy Number

Known Allergies

Current Medications

Other Information

I, the parent or legal guardian of the student listed on this form, do hereby certify that he/she has my full approval to participate in The Call event. The child identified on this form understands that all students are expected to abide by the program rules and be directly responsible to the program director for the Southwest Region NYI. I understand that the Southwest Region reserves the right, if necessary, to ask a student or adult to leave the event due to misconduct or disobedience to the rules of this event. If asked to leave for such reasons, I understand no refund will be provided. Furthermore, in such instance I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless the Southwest Region NYI and it's agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Southwest Region NYI programs. I also release and agree to hold harmless the leaser of properties on which the Program is held. Further, I do authorize the minister or sponsor of this activity or any Southwest Region NYI senior staff member, in the event, I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while at this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I give the Southwest Region permission to use photo and video images of my child taken at this event in any promotional or other Southwest Region NYI related materials.

Further, I do certify that said child is covered by adequate accidental insurance. My consent and signature is given below.

I have read and agree to the information given in this entire form.

(Print name of Parent or Legal Guardian)

(Signature of Parent or Legal Guardian)

(Date)