

2021 Connect Weekend PARTICIPANT FORM

Participant Information:

Name: _____ Age: _____

Date of Birth: ____/____/____ Grade Completed (if applicable): _____

Address: _____ City: _____ ST: _____

ZIP: _____ Emergency Contact: _____

Relationship to Participant: _____

Phone Numbers - Home: (____) _____ Work: (____) _____ Mobile: (____) _____

Other: (____) _____

Medical and Insurance Information:

Generally, Participant's Health is: (Circle One) Excellent Good Fair Poor

If Fair or Poor, please explain:

List any medical difficulties which are currently being treated:

List any medicines or substances to which you are allergic:

List any medications you are currently taking:

List any special diet or special needs:

Date of Tetanus Immunization: ____/____/____

By signing below, I verify that I/my child am/is current on immunizations or exempt for reasons of moral conscience.

Family

Physician: _____ Phone: (____) _____

_____ Insurance

Co.: _____ Policy #: _____

_____ Subscriber

Name: _____ Subscriber Number: _____ Work Phone:

(____) _____

In consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian):

A. Permission For Medical Treatment: Hereby grant my permission for any church staffer or counselor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

B. Acknowledgement and Permission: Hereby acknowledge that any activity involves the potential for contact with someone other than NC3 staffers (i.e. Pallottine Renewal Center workers, etc.). I further acknowledge that if Participant is attending a the weekend may engage in **Recreation Event Activities** that those may include but are not limited to 1) initiative games, outdoor education, 2) climbing or descending unpredictable and possibly slick or uneven terrain, 3) activities leading to elevated heart and respiratory rates, 4) traveling long distances in

remote settings, 5) carrying weight on your back and shoulders, 6) encountering unforeseen forces of nature and weather, 7) experiencing uncomfortable group dynamics.

C. Photograph/Video Acknowledgement and Permission: Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in videos show at NC3 or on their website.

Covid-19: I acknowledge it is my responsibility to ensure that myself and/or the minor listed above engage in all safety measures suggested or required by the Centers for Disease Control (CDC) and applicable local ordinances or state law concerning COVID-19. In addition, if at any time I believe that conditions are unsafe or that the minor listed above is unable to participate due to physical or medical conditions, then I will immediately discontinue their participation. I understand that despite diligent hygiene measures and compliance with the law, there is no guarantee that infectious transmission will not occur.

D. Release and Indemnity: Acknowledge and agree that I release and forever hold harmless North County Community Church and Pallottine Renewal Center as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties.

I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to me or my minor child's dismissal from the project and/or event, as applicable.

E. Understanding. Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same may be provided to venue.

THIS MUST BE SIGNED BEFORE THE WEEKEND BEGINS.

Complete and sign below (Consent by a parent or guardian is required for those under the age of majority).

Participant's Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Phone: (____) _____ Date: ____/____/____

(if Participant is a minor)