

**REGISTRATION**

**Diverge Fall Retreat**

**Oct 12-13**

**2018**

## Name of Participant

Address

City State Zip Date of Birth / /

Parent Phone -­‐ -­‐ Participant’s Cell Phone -­‐ -­‐

Age Grade Adult ***☐*** Student ***☐***

Member of local church besides Lakeview? Yes ***☐*** No ***☐*** Church Name

My child has my permission to attend the Diverge Fall Retreat, an event organized by Lakeview Baptist Church on October 12-13,, 2018 at Lakeview Baptist Church.

I do hereby release, acquit, hold harmless, and forever discharge any church or venue sponsoring this event, its agents, servants, sponsors, employees and all persons natural or corporation privy with them, from any and all claims or causes of action, including but not limited to actions, suits, and/or claims for bodily injuries, death or property damage, while participating in this event, including travel to and from any church activities. This agreement also applies to any and all activities on or off each church’s property.

In the case of injury or sickness, I hereby authorize notification of a physician and give permission to said physician or designated medical professionals to administer emergency medical assistance if I cannot be reached. The undersigned agrees to assume liability for any and all costs and expenses incurred including medical and dental costs in the event of an injury or claim arises. The undersigned further represents by the signing of this agreement that the subject participant has adequate health, disability and life insurance and further acknowledges that any church or venue involved does not provide health, disability or life insurance for the subject participant.

The undersigned further agrees that should the need arise for any transportation, lodging and/or meals for participant, because of some unforeseen event, including but not limited to, the breakdown of church, employee or sponsor vehicles, chartered vehicles, or if transportation becomes necessary for medical emergencies, the undersigned shall be responsible for such costs.

If for any reason legal action is taken against any church or venue, by the undersigned participant, parents, or guardian, the undersigned agrees to assume any and all legal costs and expenses incurred by any church in the event that it successfully defends such claim, action or lawsuit.

I understand that if my student’s conduct becomes uncontrollable or if my student breaks any of the rules he/she will be sent home at my expense and without a refund. I assume full responsibility for any damage to property and/or equipment caused by participant and I understand I will be responsible for replacement of same.

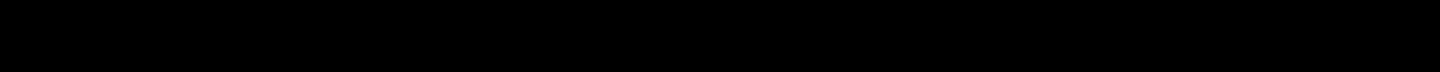
Photos or video taken of my child during any event may be used to promote and/or report on the event in any church advertising, publication or media. I also authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_staff personnel to transport my student at their discretion in the event of an emergency.

**\*I understand that if my child does not have insurance that I as their parent/guardian will assume full and complete responsibility for any and all medical expenses incurred by my child which arise during the event.**

✗**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Parent or Guardian Date**



**HEALTH INFORMATION**

Describe the general health of your child. Is the participant subject to:

* Asthma ***☐*** Diabetes ***☐*** Epilepsy ***☐*** Fainting Spells ***☐*** Ear problems ***☐*** Heart problems
* Medical Allergies (please list)
* Food Allergies (please list)

Are all shots current (including Tetanus)?

Does the participant have any handicaps which might hinder him/her from taking part in any aspect of the weekend? (Please Circle One Option) Yes / No

If yes, please explain

Name all medications participant is currently taking:

**TIME – AWAY FORM**

If your student needs to be away for any part of the weekend this section must be completed, signed and returned to a member of the church your child is attending with.

Participant’s Name

Day Time Leaving Time Returning

Reason for time away

✗

# Signature of Parent/Guardian