

Event Information

_____ *Matt Graf*

student(s) information

name #1 (first & last) _____

date of birth _____ age _____ grade _____ gender _____ M / F

name #2 (first & last) _____

date of birth _____ age _____ grade _____ gender _____ M / F

name #3 (first & last) _____

date of birth _____ age _____ grade _____ gender _____ M / F

name #4 (first & last) _____

date of birth _____ age _____ grade _____ gender _____ M / F

parental information

name of parent(s) / guardian(s) _____

address _____

city _____ state _____ zip code _____

home phone # _____ cell phone # _____

email _____

permission and release

I give permission for my child to participate in this activity. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. In the event disciplinary action need to be taken against my child due to inappropriate behavior or misconduct, I understand that any expenses incurred will be the responsibility of the parent or guardian of the child.

medical release

In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a Licensed physician.

media release

I grant to The River Church, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize The River Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that The River Church may use Such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

medical and insurance information

family physician _____ office phone # _____

insurance company _____

Pertinent medical information (diabetes, allergies, etc.): _____