

Consent and Release Form

Revised: 02/01/2024

Location of trip:		
Participant's Information		
Name:		Date of Birth:
Address:		
List of any allergies, illnesses, or ph	nysical conditions:	
Is Team Member covered by personal If yes, Name of Insurer:	Authorization For e medical treatment l/family medical ins	rm for each individual medication. t? (Indicate Yes or No): surance? (Indicate Yes or No):
Emergency Contact Information Name:	Cell:	Hm:
including, but not limited to sickness, bodily idamage. In consideration for the opportunity associated with participation in the trip. Tear during the trip. Further, Team Member promemployees, volunteers, or any other representing related directly or indirectly out of the or otherwise. If a dispute over this agreement through a mutually acceptable alternative disupon such a process, the dispute will be submassociation for final resolution.	injury, death, emotional to participate in the about the	eam Member and may result in various types of injuries all injury, personal injury, property damage, or financial love trip, Team Member accepts the risk of injury conal financial responsibility for any injury sustained and hold harmless the Trip Sponsor and its agents, cluded hereinafter in the term, "Trip Sponsor") for any chinjury arises out of the negligence of the Trip Sponsor ges arises, the Team Member agrees to resolve the matters. If the Team Member and the Trip Sponsor cannot agree arrivation panel of the American Arbitration ther church related activities. By signing below, you are see.
Parent/Guardian Signature:		Date:
Parent/Guardian Printed Name:		Phone:
Received by:		