

CULLODEN CHURCH

67s / Youth Activities & Programs from September 1, 2011 to August 31, 2012

Application for Participation

Name of Participant: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Birth date: _____ Gender: Male / Female (circle)

Medical #: _____ Citizenship: _____

Doctor's name: _____ Doctor's phone: _____

Names of Parent/Guardian: _____

Phone: (mobile) _____ (work) _____

Medical Information:

Please list any medications, health concerns or allergies relevant to your child's participation in the programs, activities, and special events (e.g. retreats, overnight events, etc.) of Culloden Church:

Rules of Conduct:

In consideration of Culloden Church accepting this application and allowing the participant to participate in Culloden Church events and activities, the participant and his/her parent or guardian agree as follows:

1. That the term of this application shall apply to all events and activities that the participant attends/participates in after the date of the signatures below.
2. The participant agrees that he/she will respect the leadership of, and obey the rules, guidelines, orders, and instructions given to him/her by Culloden Church leaders, staff members, volunteers and all other persons who are placed in positions of authority or responsibilities over him/her by Culloden Church. The Participant agrees that failure to do this may result in being sent home at his/her own expense.
3. The participant agrees that he/she will under no circumstance attend an event under the influence of, or have in his/her possession or make use of any alcoholic substances, or non-prescription or illegal drugs during Culloden Church events and activities. The participant agrees that possession and use of such alcohol or drugs may result in being sent home at his/her own expense.

I have read the above and understand its meaning.

Dated: _____ Signed: _____ (Print Name): _____

Participant signature

Dated: _____ Signed: _____ (Print Name): _____

Parent/guardian signature

Waiver & Release AND Medical Treatment Authorization

I, _____, am the parent or legal guardian of _____ (the minor/youth), who desires to participate in various programs, events, or activities (hereinafter collectively referred to as the "Activities") operated by Culloden Church.

I understand and acknowledge that Culloden Church will not allow the minor/youth to participate in the Activities without releasing and holding Culloden Church harmless from any liability arising out of participation in the Activities. I understand there may be risks involved in the minor's participation in the Activities and fully assume such risks on his or her behalf.

I request that Culloden Church allow the minor to participate in the Activities, and in consideration thereof agree hereby release and forever discharge Culloden Church, its officers and directors, and its employees, agents and any parties volunteering on behalf of Culloden Church from all actions, causes of action, injuries, claims, damages, costs or expenses of any kind growing out of or related to any such activities in which the minor/youth participates. I understand that this is a full and complete release of all injuries and damages which I or the minor/youth may sustain as a result of his or her participation in any of the Activities, regardless of the specific cause thereof.

I grant permission to Culloden Church to obtain personal information about the minor/youth for the purposes of communication and registration requirements. Further, I grant permission for the minor/youth's photo to be taken and used in the communication and promotion of Culloden Church events.

Furthermore, I authorize Culloden Church, its respective servants, agents, employees, sponsors, representatives, organizers, or any other person or organization assisting Culloden Church, in the event of any emergency (i.e. physical injury during participation in the Activities, including transportation to and from the Activities) to take any action which Culloden Church in its sole discretion considers necessary, prudent, or in the best interests of the minor/youth having taken into consideration all of the circumstances of the emergency. I understand that all reasonable measures will be taken to safeguard the health and safety of the minor/youth and that I will be notified as soon as possible in case of an emergency as defined above.

This agreement is binding on all minor/youth's heirs, successors and personal representatives.

Minor/youth's name: _____ Age: _____

Medical #: _____

Dated: _____ Parent/guardian signature: _____

Parent/guardian's print name: _____

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