

WINTER CAMP TRANSPORTATION RELEASE FOR DRIVER TO CARRY TO/FROM CAMP

EVENT

REGISTRANT INFORMATION

FIRST NAME

LAST NAME

EMAIL

PHONE

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

DATE OF BIRTH

GRADE

EMERGENCY CONTACT

EMERGENCY PHONE

MEDICAL & INSURANCE INFORMATION

The registrant is covered by the following health insurance policy that will be in effect during the event. Use the following policy information in the event of an emergency:

NAME OF HEALTH INSURANCE COMPANY

POLICY NUMBER

GROUP NUMBER

INSURANCE PHONE

PERSONAL PHYSICIAN

PHYSICIAN PHONE

DATE OF LAST TETANUS SHOT

RELEASE OF LIABILITY

Being aware of the activities the registrant will be participating in, and understanding the risks involved in those activities, I hereby consent to the registrant's participation in the above mentioned event with the First Christian Church of Newbury Park, I indemnify, defend, and hold harmless First Christians Church of Newbury Park from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give First Christian Church of Newbury Park, it's staff and leaders permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary, prudent, or advisable for the registrant's health, safety, or welfare. I give permission to those administering medical treatment to do so using the measures deemed necessary. I release the above mentioned churches and all medical providers from liability in acting on my behalf in this regard and in rendering such medical treatment. I assume the financial responsibility for all medical treatment provided to the registrant.

PRINT NAME

SIGNATURE

DATE