

EGGstravaganza Registration Form

Please fill in the form below.

Parents Full Name *

Prefix First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number *

Area Code Phone Number

E-mail *

example@example.com

Child's name

Age

Child's name

Age

Child's name

Age

Child's name

Age

Waiver: Liability Waiver and Indemnity Agreement. As a condition of the participation of the child described above in any of the events conducted by Greenwood First Assembly, including but not limited to programs, events, activities, etc. whether conducted on or off the premises of Greenwood First, I agree to the following: 1. I waive any claim for bodily injury, personal injury or property damage against GREENWOOD FIRST, its staff, directors, volunteers, employees, and insurers (collectively, "Greenwood First Assembly of God"), and any owners or lessors of the premises and any equipment used in connection with any programs of GREENWOOD FIRST, arising out of our child's participation in any of the programs of GREENWOOD FIRST whether on or off GREENWOOD FIRST premises, or travel for the purpose of participating in any such programs or events. 2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member. 3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with GREENWOOD FIRST. 4. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member, we further agree to indemnify GREENWOOD FIRST for its liability including all costs, fees, and expenses incurred by GREENWOOD FIRST in connection with such liability. 5. We reserve the right to use your or your child's image or likeness in any GREENWOOD FIRST promotional material. **Authorization of Medical Care:** In case of illness or injury, if I cannot be reached, I authorize and desire medical care for my child at the discretion of the attending physician. I accept responsibility for all associated expenses. **Photo Release Policy:** Photos of this event will be used for future slideshows, advertisements, publications, website, Facebook or photo area in church or community.

Your Name

Waiver Agreement Response:

Yes

No

Church Affiliation:

How did you learn about the event?

- Friend
- Internet
- Church
- Other

Keep me informed of future events!

- Yes
- No

Interested in (mark all that apply):

- Finding a church family.
- Looking for an opportunity to meet and build friendships with other parents.
- Hoping to build my faith.
- Interested in just events.
- Other _____.