



Application - Ishpeming Location

SECTION 1 – Participants Details																	
FIRST NAME		MIDDLE NAME				LAST NAME											
Phone Number																	
DATE OF BIRTH						MALE				FEMALE				OTHER			
NAME OF ATTENDING SCHOOL				CURRENT GRADE LEVEL													
				PARTICIPANTS ADDRESS													

SECTION 2 – GUARDIAN DETAILS								
FIRST NAME				LAST NAME				
HOME TELEPHONE NUMBER			MOBILE TELEPHONE NUMBER			EMAIL ADDRESS		
ADDRESS								
SECTION 3 – EMERGENCY CONTACTS								
Emergency Contact 1			Phone Number			Email		
Emergency Contact 2			Phone Number			Email		

SECTION 3 – WAIVER

Video and photo release: I give The Salvation Army of Marquette County the permission to appropriately use photos and videos of participants to convey the activities that are incorporated through the Bridging the Gap program for social media, website, and news purposes.

To opt-out of video and photo releases, SIGN HERE:

Hold harmless agreement: I understand that use of the facilities and equipment at The Salvation Army and events held by The Salvation Army may involve risk of bodily injury, property damage, and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events held by The Salvation Army. I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury, property damage, illness, or any other loss that I might suffer while using The Salvation Army facilities and services, except as limited by law.

Authorization for treatment: I hereby give permission for Salvation Army Personnel to give myself/my child First Aid, to order X-rays, routine tests, treatment; to release any records necessary for treatment, referral, billing, or insurance purposes; and to provide or arrange necessary related transportation for myself/my child. In the event that I (parent or guardian) or my emergency contacts cannot be reached in an emergency, I hereby give permission to the physician selected by Salvation Army Personnel to secure and administer treatment, including hospitalization, for my child (named below). The completed forms may be photocopied as needed for treatment. I also understand and agree that the person documented above will abide by the restrictions placed on his/her/their activities. By signing below, I certify that I am the lawful parent/guardian of the minor listed below and authorizing the above terms of this document.

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Printed Parent/Guardian (First & Last Name)

Relationship to Attendee

Parent/Guardian Signature

Date
