

Event _____ Event Date _____

GUEST INFORMATION

Student Name _____ Birthdate _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

School _____ Grade _____

Did You Come with a Friend? Yes No If so, whom? _____

Do You Attend Church? Yes No If so, where? _____

May We Contact You After the Event ? Yeah I Don't Care No Way

MEDICAL & EMERGENCY INFORMATION

Any Medical Issues, Conditions or Allegeries? Yes No

Who Should We Contact In Case of Emergency? _____

Phone Number _____ Alt. Phone Number _____

LIABILTY WAIVER

The undersigned being a lawful parent and/or guardian of the above student (the "Student"), hereby consents to the participation by the Student in the above event (the "Event") on the above dates and to the participation of the Student in all activities relating the above Event.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of the Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures. Notwithstanding other provisions in this Consent and Release Waiver, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Student.

The undersigned assume(s) all risk of injury or harm to the Student associated with participation in the Event and agree(s) to release, indemnify, defend and forever discharge the Organizer and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Student or by the Student, howsoever caused, arising or to arise by reason of or during the Student's participation in the Event.

The undersigned gives permission for the Student to be photographed or videotaped while participating in the Event for the purpose of display, website display, event recognition, or promotion.

The Organizer reserves the right to dismiss any Student from an event for inappropriate behavior. The undersigned will assume the responsibility (financially and otherwise) for getting the Student picked up or sent home in a timely manner.

2827 East 32nd Street
Joplin, MO 64804

Phone: (417) 781-5174
Fax: (417) 782-4157

www.fellowshipstudents.org

Signature of Parent _____ Date _____

Printed Name of Parent _____