

# FCF SPORTS FEST 2010

## REGISTRATION FORM, MEDICAL CONSENT AND LIABILITY RELEASE FOR EVENTS & ACTIVITIES

Applicant's Name: \_\_\_\_\_ Dates of Program: **July 24, 31; Aug 7, 14**

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
*(Please specify: Adult/Kid Size)*

### EMERGENCY CONTACTS AND INFORMATION

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

### ALLERGIES, MEDICATIONS AND RESTRICTIONS

Bees or Insect Bites/Stings  Penicillin  Other Drugs (list)

Foods (list)  Other (list)

Current Medications (MUST be brought in the **original** container with instructions)

Activity Restrictions \_\_\_\_\_

### MEDICAL AUTHORIZATION AND INSURANCE COVERAGE

THIS HEALTH INFORMATION IS CORRECT, as far as I know. In the event the emergency contact cannot be reached in an emergency during the program dates noted on this form, I HEREBY GIVE PERMISSION to the physician selected by FAITH CELEBRATION FELLOWSHIP to provide for the applicant a certified First Aid provider to administer First Aid and over the counter medication as needed for illness or injury as well as any medication noted above. I AGREE that photocopies of this complete form are to be considered legally valid and binding for trips off the event property. I AGREE to obtain and maintain personal insurance covering the applicant in the program with an appropriate waiver of subrogation rights to reflect the fact that the applicant's personal insurance shall supersede and be used before any insurance coverage that may be provided by FCF. In the absence of the aforementioned insurance, I AGREE to pay all costs of rescue and/or medical services as may be incurred by the applicant.

### ACKNOWLEDGEMENT OF RISKS AND CAPABILITIES

I RECOGNIZE that there is a significant element of risk in any sport or activity associated with the outdoors and trust. THESE RISKS MAY INCLUDE but are not limited to falling trees, rocks or other objects, poisonous plants, reptiles and insects, domesticated and wild animals, crossing steep, uneven and loose terrain, exposure to the elements, lightning strikes, fires, stream crossings, open untreated water, flash floods, landslides, depending on other group members for physical and

emotional safety, contact with abrasive or slippery rock, equipment failure or misuse, injury from entanglement with ropes, cables and other equipment, and at all times a remote location far from modern medical facilities and rescue assistance. I AM AWARE that certain portions of the program are physically demanding and that the applicant may be asked to walk, run, stretch, climb, push, pull, and perform rigorous and potentially risky of dangerous physical activities which may double their normal resting heart rate. I VOLUNTARILY AGREE to participate in the program. Realizing that pre-existing medical conditions could affect the applicant's ability to participate in the program, I FURTHER AGREE to get a qualified medical opinion if the applicant is physical, emotional, or other conditions created no undue risk to myself, or other participants, or program staff. I FURTHER ACKNOWLEDGE that exposure to these inherent risks, rigors and dangers may result in but is not limited to separation from the group, bruising, bodily injury, emotional trauma, permanent disability including loss of site and in extreme cases death. Knowing these risks and potential consequences, I CERTIFY that the applicant is fully capable of participating in the program activities which may include but are not limited to hiking, backpacking, bouldering, rock climbing, rappelling, initiative games, low ropes, high ropes, caving, mountain biking, paintball, horseback riding, fishing, swimming, water sports, canoeing, sailing, powered water craft, white water rafting, archery, batting cage use, individual sports, and team sports, except as noted above under activity restrictions.

**ASSUMPTION OF RESPONSIBILITY**

I AGREE to assume full responsibility for the applicant's actions during their participation in the program and their consequences, and including without limitation, any injury to the applicant and/or property or any inconvenience resulting therefrom or from any other circumstance related to such actions. I, the applicant, AGREE to follow the event rules as recorded in the Activities Booklet and communicated to me verbally by the FCF Staff.

**COVENANT OF GOOD FAITH**

I AGREE that FCF has the right to refuse any applicant it judges to be incapable of meeting the rigors and requirements of participating in these activities. I AGREE that any decision made by the staff of FCF will be binding upon the applicant. FCF reserves the right to dismiss any applicant (at their own expense) who through their actions or in-action, influences or causes an event which is harmful to the best interests of themselves or others.

**PERMISSION FOR PARTICIPATION, TRANSPORTATION, AND PROMOTION**

I GRANT PERMISSION for the applicant to engage in all FCF activities and to be transported by an FCF staff member who is a legally licensed driver on all activities sponsored by FCF, on and off the event property for the duration of the sessions. I GIVE PERMISSION for FCF to use images of the applicant taken while at camp/retreat and quotations from evaluations, letters or interviews relating to the program experience for promotion and commercial purposes.

**WAIVER OF LIABILITY**

I HEREBY RELEASE and agree to INDEMNIFY, DEFENT AND HOLD HARMLESS Faith Celebration Fellowship from any and all liability, claims, losses, costs, expenses (including without limitation, attorney fees) or demands (except those arising from the gross negligence or willful misconduct of the aforementioned parties) that I, my heirs, executors, administrators, assignees, distributes, personal or legal representatives and all members of my family, may now have or in the future make against such parties as a result of or related to any injury, loss, death or damage of any kind whatsoever resulting from the applicant's participation in this program or from any driving mishap that may occur during transportation.

**ACCEPTANCE SIGNATURE**

I/WE HAVE READ, UNDERSTOOD AND ACCEPTED the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the applicant hereafter.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

FAITH CELEBRATION FELLOWSHIP 8200 Coldwater Canyon Avenue, North Hollywood, Ca 91605 (818) 904-2777 www.fcflife.com

**FOR COMMITTEE USE ONLY**

PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

TEAM: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_