

Newcomer's Chapel of Pigeon Run UMC

Event Registration Form

NAME OF EVENT:

CHILD'S NAME:

CHILD'S AGE:

FOOD ALLERGIES:

ANY OTHER HEALTH ISSUES:

PARENT OR GUARDIAN'S NAME:

PHONE NUMBER DURING EVENT:

E-MAIL ADDRESS:

ADDITIONAL COMMENTS:

REGISTRATION FORM CONTINUES ON OTHER SIDE

PHOTO RELEASE (FOR MINORS UNDER 18): MAY WE HAVE YOUR PERMISSION TO USE YOUR CHILD'S PHOTOGRAPHIC IMAGE TO PUBLICLY PROMOTE OUR ACTIVITIES?

(CIRCLE ONE) YES NO

LIABILITY RELEASE:

I, THE UNDERSIGNED, AGREE TO OBSERVE AND OBEY ALL POSTED RULES AND WARNINGS, AND FURTHER AGREE TO FOLLOW ANY ORAL INSTRUCTIONS OR DIRECTIONS GIVEN BY NEWCOMER'S CHAPEL OF PIGEON RUN UNITED METHODIST CHURCH, OR ITS STAFF, ITS MEMBERS OR ITS VOLUNTEERS.

I, THE UNDERSIGNED, ALSO RECOGNIZE THAT THERE ARE CERTAIN INHERENT RISKS ASSOCIATED WITH THE ABOVE MENTIONED EVENT AND I ASSUME FULL RESPONSIBILITY FOR ANY PERSONAL INJURY TO MYSELF OR MY FAMILY MEMBERS AND FURTHER RELEASE AND DISCHARGE NEWCOMER'S CHAPEL OF PIGEON RUN UNITED METHODIST CHURCH FOR INJURY, LOSS OR DAMAGE ARISING OUT OF MY OR MY FAMILY'S USE OF, OR PRESENCE UPON THE FACILITIES OF NEWCOMER'S CHAPEL OF PIGEON RUN UNITED METHODIST CHURCH, WHETHER CAUSED BY THE FAULT OF MYSELF, MY FAMILY, NEWCOMER'S CHAPEL OF PIGEON RUN UNITED METHODIST CHURCH, OR OTHER APPLICABLE THIRD PARTIES.

I, THE UNDERSIGNED, AGREE TO INDEMNIFY AND DEFEND NEWCOMER'S CHAPEL OF PIGEON RUN UNITED METHODIST CHURCH, AGAINST ALL CLAIMS, CAUSES OF ACTION, DAMAGES, JUDGEMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY FEES AND OTHER LITIGATION COSTS, WHICH MAY IN ANY WAY ARISE FROM MY OR MY FAMILY'S USE OF, OR PRESENCE UPON THE FACILITIES OF NEWCOMER'S CHAPEL OF PIGEON RUN UNITED METHODIST CHURCH.

I, THE UNDERSIGNED, AGREE TO PAY FOR ALL DAMAGES TO THE FACILITIES OF NEWCOMER'S CHAPEL OF PIGEON RUN UNITED METHODIST CHURCH CAUSED BY ANY NEGLIGENT, RECKLESS, OR WILLFUL ACTIONS BY ME FOR MY FAMILY.

IN THE EVENT OF AN INJURY TO THE ABOVE MENTIONED CHILD DURING THE ABOVE MENTIONED EVENT, I, THE UNDERSIGNED, GIVE MY PERMISSION TO NEWCOMER'S CHAPEL OF PIGEON RUN UNITED METHODIST CHURCH TO ARRANGE FOR ALL NECESSARY MEDICAL TREATMENT FOR WHICH I WILL BE FINANCIALLY RESPONSIBLE. THIS TEMPORARY AUTHORIZATION IS VALID ONLY DURING THE ABOVE MENTIONED TIME PERIOD FOR THE ABOVE MENTIONED EVENT.

PARENT OR GUARDIAN'S SIGNATURE: _____

DATE: _____