Family Fest summer splash

KC Medical Release Form

August 6th - 10th, 2010

KC/Teacher Info:

First Name: _____ Last Name: _____

Address: _____City:_____Zip: _____

Phone (h): _____ Phone (c): _____ Grade: _____

Email Address: _____Date of Birth: _____

Parent Contact and Emergency Info

Parent's Names: _____ _____

(If different from above)

Address: _____City:_____Zip: _____

Phone (h): _____Phone (c): _____ Phone (w): _____

Email Address: _____

Contact if the above parents cannot be reached:

Name: _____Relationship: _____

Phone (h): _____Phone (c): _____ Phone (w): _____

Insurance Info:

Medical Insurance Company: _____ Policy #:_____

Please list any medical concerns, allergies or other information here: _____

_____

(Attach additional sheet if necessary)

Family Fest Release and Acknowledgement of Risk

In consideration for participating as a KC (Kid's Counselor or Teacher) in the retreats, events, or other activities of Family Fest Ministries, Inc. ("Family Fest"), the undersigned participant or his/her parent or legal guardian if participant is under eighteen (collectively "KC") agrees to release, indemnify, and discharge Family Fest, its employees, agents, participants, volunteers or other persons or entities acting on their behalf, as follows:

1. KC understands that participation in the activities conducted by Family Fest entails unanticipated risks which could result in injury to KC and/or KC's property. KC's attendance at Family Fest activities is voluntary, and KC has elected to attend Summer Splash in spite of the risks. KC expressly accepts and assumes all such risks related to such activities, and waives any and all claims against Family Fest. KC acknowledges that if injured during participation in the activities of Family Fest, KC may be found by a court of law to have waived his/her right to maintain a lawsuit against Family Fest.

2. If during the Family Fest event my minor child listed above requires medical assistance, I authorize the Family Fest staff or volunteers to make any necessary decisions until I can be reached.

3. KC grants permission to Family Fest to photograph, record and/or videotape KC, and grants permission to Family Fest to use these photographs, recordings and/or videotapes for promotional purposes only.

Signed: _____ Date: _____

Name: _____

Please return to: Family Fest, 140 West 98th St, 206, Bloomington, MN 55420
Applications will only be considered when this form is completed and mailed with your $90 payment. You will be notified by email regarding your acceptance.

Mandatory KC meeting for Summer Splash will be on Monday, August 2nd, 2010.

Family Fest MINISTRIES