

ZooLights & YMCA

\$10. per student

Dec 16

6p—12:30a



Sponsored by student ministries of Adventure of Faith Church

Students will be leaving church campus with adult small group leaders to Point Defiance Zoolights & Gig Harbor YMCA teen late night. Parent drivers are needed. Snacks provided.

ZooLights & YMCA

\$10. per student

Dec 16

6p—12:30a



Sponsored by student ministries of Adventure of Faith Church

Students will be leaving church campus with adult small group leaders to Point Defiance Zoolights & Gig Harbor YMCA teen late night. Parent drivers are needed. Snacks provided.

Student Name _____ Grade _____ Gender _____
Student Address _____

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Adventure of Faith Church liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the camp, or caused in any manner other than the willful or negligent act of Adventure of Faith Church, its agents and employees, and will indemnify and hold Adventure of Faith Church harmless from any liability for damages or claims against Adventure of Faith Church arising out of or in any way related to any such loss, damage or injury.

I release Adventure of Faith Church, including its trustees, employees and agents from my students physical injury, including death, or illness while attending activity. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person.

I verify that my child is in good health and is capable of participating in strenuous activities, and when necessary, will tailor his/her activities to those within the bounds of his/her physical health. I recognize that any medical treatment that is provided to my child while attending Adventure of Faith Church camp will be paid for by me or my medical insurance company.

Parent/Guardian Signature _____ **Date** _____

Print Name _____ **Emergency Contact Phone** _____

Fusion Zoolights & YMCA 12.16.11 6p-12:30a

Student Name _____ Grade _____ Gender _____
Student Address _____

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Adventure of Faith Church liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the camp, or caused in any manner other than the willful or negligent act of Adventure of Faith Church, its agents and employees, and will indemnify and hold Adventure of Faith Church harmless from any liability for damages or claims against Adventure of Faith Church arising out of or in any way related to any such loss, damage or injury.

I release Adventure of Faith Church, including its trustees, employees and agents from my students physical injury, including death, or illness while attending activity. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person.

I verify that my child is in good health and is capable of participating in strenuous activities, and when necessary, will tailor his/her activities to those within the bounds of his/her physical health. I recognize that any medical treatment that is provided to my child while attending Adventure of Faith Church camp will be paid for by me or my medical insurance company.

Parent/Guardian Signature _____ **Date** _____

Print Name _____ **Emergency Contact Phone** _____

Fusion Zoolights & YMCA 12.16.11 6p—12:30a