

# EBAP YOUTH 2019 REGISTRATION FORM

NAME: \_\_\_\_\_

## Contact Information

Email

Phone

Address Line 1

Address Line 2

City

State/Province

Postal Code

## Parent 1:

First Name

Last Name

Email

Phone

## Parent 2:

First Name

Last Name

Email

Phone

## Medical:

Allergies

Medical Conditions

# EBAP YOUTH 2019 REGISTRATION FORM

NAME: \_\_\_\_\_

Permission I give Emanuel Baptist Church Permission to use my child's photo  
Internally \_\_\_\_ Externally \_\_\_\_

## PARENTAL/GUARDIAN WAIVER AND PERMISSION

I \_\_\_\_\_ the legal guardian of  
\_\_\_\_\_ give consent for him/her to  
participate fully in the youth retreat. IN CONSIDERATION OF Emmanuel  
Baptist Church allowing me or my child to participate in the Activities, I agree  
on behalf of myself and/or my child: TO ASSUME and ACCEPT ALL RISKS  
arising out of, associated with or related to my or my child's participation in the  
Activities.

TO WAIVE and RELEASE the Emmanuel Baptist Church from any and all  
liability for any loss, damage, injury or expense that I or my child may suffer,  
or that my next of kin may suffer as a result of my or my child's participation in  
the Activities due to any cause whatsoever. TO INDEMNIFY and HOLD  
HARMLESS the Emmanuel Baptist Church from any and all liability for any  
damage to the personal property of, or personal injury to, any third party  
resulting from my or my child's participation in the Activities.

TO INDEMNIFY and HOLD HARMLESS Emmanuel Baptist Church from any  
and all claims, demands, actions, and costs for any loss, injury, damage, or  
expense whatsoever that might arise out of my or my child's participation in the  
Activities. TO INDEMNIFY and HOLD HARMLESS the Emmanuel Baptist Church  
and all its officers, agents, servants and employees, acting officially or  
otherwise, from any and all actions, causes of action, claims and demands for,  
upon, or by reason of any injury, damage, loss, or death which may occur  
from any cause including, but not limited to any accident while participating  
individually or with others in said events.

WHEREAS, I plan to participate in the Youth Group and related activities. I  
hereby consent to and authorize such emergency or other medical treatment of  
the Participant as may be deemed advisable in the event of accident, injury, or  
illness during the youth group activities.

parent/guardian's signature & date

\_\_\_\_\_

\_\_\_\_\_