

LIFE 2010 Info Sheet

GENERAL INFORMATION

Name: _____ Today's Date: _____
Address: _____ Date of
Birth: _____ Cell Phone: _____ Home
Phone: _____ Email: _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I understand that Long Hill Chapel will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify Long Hill Chapel in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Consent and Certifications

I, the undersigned being the parent or legal guardian of the child named herein ("the child"), do hereby consent to the participation of my child in all of the scheduled activities of the LIFE 2010 in Louisville, KY, including sports, hiking, climbing, blow-up toys, and any other activities that are associated with this youth week. Further, I certify that my child is physically fit and adequately trained to participate in such events except as previously noted.

Parent/Guardian Signature Date

Health Insurance Company

Policy Number

Group Number

Release Form

Release, Hold Harmless, and Authorization of Medical Care

**NO REGISTRANT WILL BE ADMITTED TO LIFE 2010
WITHOUT COMPLETING AND SIGNING THE FOLLOWING.**

I realize that my participation in the LIFE 2010 Conference in Louisville, Kentucky, July 6, 2010 through July 10, 2010, is voluntary. Understanding this, I (on behalf of myself, my family, and any others who might make a claim on my behalf) expressly assume any and all risks of property damage, injury, and/or death arising from my participation in the Conference. I knowingly and voluntarily release the C&MA, members of its Board of Managers, its officers, employees, members, volunteers, and agents (collectively, the "Released Parties"), from any and all claims, losses, damages, and liabilities (whether known or unknown, foreseen or unforeseen) related to my participation in the Conference.

I further agree to indemnify and defend the Released Parties from any and all claims, losses, damages, and liabilities related to any and all property damage, personal injury and/or death arising from my participation in the Conference, as may be asserted by a third party (defined as any party other than the Released Parties or me). In case I am in need of medical or surgical treatment to protect my health and welfare while participating in the Conference, I authorize and agree to allow any authorized agent or employee of the C&MA to consent to and authorize the administering of such necessary medical and/or surgical treatment.

Date: _____/_____/_____

Signature: _____
(Student)

Print Name: _____

For Participants Under the Age of Eighteen:

I represent that I am the parent/legal guardian of _____, who is under the age of eighteen (18) or otherwise a minor in his or her state of residence. In consideration for allowing the participation of my child/ward in LIFE 2010 Conference, I hereby agree to be bound by the terms of the above Release, Hold Harmless, and Authorization of Medical Care.

Date: _____/_____/_____

Signature: _____
(Parent)

Print Name: _____

NOTE:

It is the responsibility of the Group Leader to have one completed Medical Release Form per registrant with him/her at the LIFE 2010 Conference.