

# NOLA YOUTH D-NOW 2022 RELEASE FORM

*A completed copy of this document is **REQUIRED FOR ALL PARTICIPANTS** in order to attend.*

*Guardian signature is required for all participants under the age of 18.*

## Church/Group Information

Church/Group Name: \_\_\_\_\_

Church/Group Leader Name: \_\_\_\_\_

## Participant Information

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ (adult size)

Street Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Tel: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any medical concerns that NOLA YOUTH D-NOW should be aware of?  NO  YES

If yes, please explain: \_\_\_\_\_

Are there any dietary restrictions that NOLA YOUTH D-NOW should be aware of?  NO  YES

If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

## **Release of Liability, Medical Treatment Permission, and Photograph/Video Notice**

I, the undersigned, do not hold NOLA YOUTH D-NOW or New Orleans Baptist Theological Seminary liable for any injuries, accidents, or illnesses incurred by me or my child while participating in the NOLA YOUTH D-NOW camp program. This includes, but is not limited to, injuries or illnesses incurred while on campus, while off-campus, or during travel. I am fully aware of the risks involved in the activities that I/my child will be participating in and do hereby voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that may result from participation in camp activities. I grant permission for adult chaperones attending with my/my child's group and/or any camp staffer or camp coordinator to obtain necessary medical attention for me/my child in the case of sickness or injury. I do not hold any of the aforementioned parties liable for any adverse results of medical care. I understand that I am responsible for the expenses of my/my child's medical care and that my/my child's insurance is primary. No other insurance is provided.

Furthermore, I understand that as a participant of the NOLA YOUTH D-NOW program, I/my child may be photographed or videotaped during normal camp activities, and I give my permission for NOLA YOUTH D-NOW or any of its agencies to use pictures, videos, or audio obtained during the mission experience in promotional or other materials as deemed necessary. I acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I am signing voluntarily as my free act and deed. I understand that by signing this document I am releasing and forever discharging NOLA YOUTH D-NOW, New Orleans Baptist Theological Seminary, and their employees and constituents from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury in connection with my or my child's participation in this camp.

Guardian Signature: \_\_\_\_\_ Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature (only if 18 years of age or older): \_\_\_\_\_ Date: \_\_\_\_\_