

JONAH MINISTRIES

GUEST GROUP INDIVIDUAL REGISTRATION FORM

Our insurance requires this 2 page form to be filled out & signed by every attendee, including leaders.

ATTENDEE INFORMATION

Attendee Name _____ Camp Dates _____
 Birthdate _____ Male or Female _____
 Graduation Year (if currently attending) _____ School _____
 Home Church _____ T-Shirt Size _____
 Attendee Email Address _____ Attendee Cell _____
 Mailing Address _____ City _____ State _____ Zip _____

PARENT / GUARDIAN INFORMATION (if under 18 yrs of age)

Parent or Guardian Name(s) _____
 Mailing Address _____ City _____ State _____ Zip _____
 Physical Address _____ City _____ State _____ Zip _____
 Family Home Phone _____ Family Email Address _____
 Father Work Phone _____ Employer _____
 Father Cell Phone _____ Fax _____
 Father Email _____ Business Website _____
 Mother Work Phone _____ Employer _____
 Mother Cell Phone _____ Fax _____
 Mother Email Address _____ Business Website _____

EMERGENCY AND MEDICAL INFORMATION

Emergency Contact Name _____ Relationship _____
 Emergency Contact Phone _____ Cell _____
 Insurance Company Name & Address _____

 Policy/ID # _____ Physician _____ Phone _____
 Pre-Existing Medical Conditions or Allergies _____
 Current Immunizations: _____ Yes _____ No
 Initial here _____ if your child can receive over-the-counter medication (Tylenol, Advil, etc.)
 Medical and Special Needs _____ asthma _____ diabetic _____ ADD _____ ADHD _____ other
 Medication _____
 Special diets _____
 Special needs _____

We send the bulk of our communications via email, please check here if you would rather receive by regular mail. Thank you.

Where did you hear about Jonah Ministries? _____

JONAH MINISTRIES ADVENTURE ACTIVITIES WAIVER

Challenge Course * Caving * Hiking * Swimming * Camping * White Water Rafting
(All activities on or off campus)

WHERE PARTICIPATION EQUALS SUCCESS
IN PROBLEM SOLVING, TEAM BUILDING, PERSONAL CONFIDENCE AND PHYSICAL ABILITY

DISCLOSURE:

Jonah Ministries (JM) Adventure Activities involve a variety of events that present rigorous physical challenges. The level of participation in the adventure activities is at all times completely up to the individual's choice. Each participant will, however, be asked to commit to trying each activity the program offers. The risks involved in each Adventure Activity must be assumed by each participant.

HEALTH HISTORY:

Medical information must be made known to the JM staff so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to JM prior to participating in any activities.

RELEASE OF LIABILITY:

I understand that parts of the JM Adventure Program may be physically and/or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my physical abilities to participate in JM activities. I understand that JM has taken extensive safety measures, including the training and documentation of its staff in Adventure Activity facilitation, as well as making every effort to aid in the safety of all participants. However, I also recognize that JM cannot guarantee that the participants, equipment, grounds and /or activities will be free of accidents or injuries. I understand that each participant must assume the risk of injury and expense that could result from any of these activities. I release the property owners, JM, its staff members, and Board of Directors from liability for any injury to me from participation in the JM Adventure Activities.

In the event that medical care is necessary, I give permission to the physician selected by the JM staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of any such injury or damage.

If a minor is involved, the minor, as well as one parent must sign.

Signature of participant: _____ Date: _____

Signature of parent/guardian if participant is under age 18: _____ Date: _____

PARENTAL RELEASE & PERMISSION

A. My child has my permission to participate in all activities on or off the grounds. I recognize the inherent risk of injury in camp activities I understand that Jonah Ministries has taken extensive safety measures, however, I also recognize that Jonah Ministries cannot insure or guarantee that the participants, equipment, grounds, and/or activities will be free of accidents or injuries. I will defend Jonah Ministries from all liability and claims of liability and will hold harmless Jonah Ministries, its staff, employees, and its Board of Directors from any claims of liability arising from my/my child's participation in the Jonah Ministries Camps or Activities.

B. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, routine tests, and/or surgery; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I also accept responsibility for expenses incurred through such treatment. **I recognize that Jonah Ministries carries only secondary insurance coverage.**

C. I give permission for Jonah Ministries to use any photo or video of my child for Jonah Ministries publications or promotion/ advertising . I release my right to any kind of remuneration for said photos or videos.

D. I hereby authorize the directors and staff of Jonah Ministries to act for me according to their best judgment in any emergency requiring medical attention. I have made note of any medical or physical problems which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other costs in connection with his or her attendance at Jonah Ministries Camps.

| FOR OFFICE USE ONLY | |
|--------------------------|--------------------|
| Invoice # _____ | Camp Cost:\$ _____ |
| Discount: _____ | - \$ _____ |
| Subtotal: | \$ _____ |
| Down payment: Ck # _____ | - \$ _____ |
| Balance Due: | \$ _____ |

Parent/Guardian Signature

Date

PARENTS MUST SIGN AND DATE HERE!