MINOR OVERNIGHT RELEASE FORM

SIFAT
Servants in Faith and Technology

Participant Information

Name: _____

Age: _____ Date of Birth: _____

Parent/Legal Guardian: _____

Home Address: _____

_____

Phone Number: _____

Group Name: _____

Emergency Contact Information

Name: _____

Relation to Participant: _____

Phone Number: _____

Emergency Contact Information

Physician Name: _____

Physician/Clinic Phone Number: _____

Insurance Agency: _____

Policy Number: _____

Policy Holder Name: _____

Medical Information
Please fill out the information below if applicable

Dietary Allergies (if you have a dairy allergy, please specify the extent of the allergy):

_____

_____

Other Allergies: _____

Dietary Restrictions (religious convictions, vegetarian, etc.): _____

_____

Medications: _____

Special Needs: _____

MINOR OVERNIGHT RELEASE OF LIABILITY

Transportation Release

I, the undersigned parent/guardian, do hereby grant permission for my child _____ to participate in all of the activities including those occurring off of Servants in Faith and Technology's property, scheduled by Servants in Faith and Technology. My permission includes the transportation listed above as provided by Servants in Faith and Technology and I acknowledge that Servants in Faith and Technology, it employees, agents, trustees, have no liability arising out of and from the transportation of me to and from these activities.

_____ _____

Parent/Guardian Signature Date

Photo Release

I give permission for my child's image(s) to be used in any Servants in Faith and Technology publications, promotional materials, videos, or slideshows. No names will be associated with the picture(s) without individual consent.

[ ] Yes [ ] No

_____ _____

Parent/Guardian Signature Date

Release of Liability

I, the undersigned parent/guardian, hereby state my willingness for my child _____ to participate in all Servants in Faith and Technology programs and activities and understand that my participation in camp activities can expose him/her to dangers both known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Servants in Faith and Technology and its volunteers and employees from any and all claims or liability for personal injury or property damage he/she may suffer while participating in any camp activity; including but not limited to any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I also recognize that he/she may participate in water activities and swimming that could lead to injury and drowning and I specifically agree to release and hereby release Servants in Faith and Technology and the volunteers and employees of the camp for any negligence of the camp.

_____ _____

Parent/Guardian Signature Date

Prohibited Substance Agreement

I _____ and my child _____ understand that Servants in Faith and Technology is a alcohol, smoke, drugs, and weapons free campus. I understand that if I am found to be in possession of alcohol, drug paraphernalia, cigarettes and other smoking devices, a gun, etc. , the item will be confiscated immediately, and it will be at the discretion of Servants in Faith and Technology if it is returned and to whom it is given. Further, we understand that it is Servants in Faith and Technology's policy that any person that is found to be in possession of any of these items will be sent home at the person's expense immediately without a refund. If for any reason the person cannot be sent home, he/she will be excluded from all other activities that take place during his/her time at Servants in Faith and Technology's campus and will not receive a refund.

_____ _____

Parent/Guardian Signature Date