

Summer Mission Registration Release Form 2019

Name _____

Insurance Company _____ Policy Holder's
Name _____ Policy # or SSN _____

Please attach a copy of your insurance card

Camper Allergies _____
Special Diet _____ Special Needs _____

Please Read and Sign

In case of emergency, every attempt will be made to contact a spouse/parent/guardian. If spouse/ parent/guardian cannot be found, I hereby give permission to the medical personnel selected by the mission to order any necessary x-rays, tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my camper. I also hereby grant permission for CFAN to transport me /my camper, if necessary. I also give permission to the physician selected by the mission to secure and administer treatment, including hospitalization, for me/my camper. I here-by agree to be responsible for payment of all costs and expenses of any health care provider or other person who acts in reliance upon this consent and authorization for treatment.

I grant me/my camper permission to participate in activities and covenant with Christ For All Nations that I will never institute any action against Christ For All Nations in regard to any personal injuries or injuries to property arising from any mission related activities.

I understand and acknowledge that mission activities have inherent dangers that no amount of care, caution, instruction or experience can eliminate, and I expressly and voluntarily assume all risk for personal injury sustained by me/my camper while participating in these activities whether or not caused by the negligence of the released parties.

Media Statement: I hereby grant permission to Christ For All Nations to record, by videotape, photograph or other means of reproduction, voice, image and physical likeness of my camper and to use any such recorded matter for promotional purposes without further consent or compensation.

Do you agree to the media statement above? Yes No

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by Christ For All Nations, and you/your camper will not be registered for summer mission camp.

_____ signature Parent/Guardian Signature (if minor)

(required for registration)

Medical Information (for minors only)

May over the counter medications be given? Yes / No (Circle One)

My child has my permission to leave CFAN as part of the camp experience. (going on the Navajo reservation or to local church services) YES or NO _____ (Please circle one)

Parent/Guardian Signature _____ Date _____

