

Participant Registration: (every adult and youth attending illumiNATION is required to fill out this form **COMPLETELY**)

| | | | | |
|---------------------------|---------------|-------------------|-------------|---------------|
| | | | Male | Female |
| Name | Date of Birth | Age | Gender | |
| Address | | City | State | Zip |
| Home Phone | Cell Phone | E-Mail | | |
| Participant's Church Name | | Church City/State | | |

Emergency Contact Information

| | | | |
|---------------------------|---------------------|---------------|---------------------|
| Mother's Name | Home Phone | Work Phone | Cell Phone |
| Father's Name | Home Phone | Work Phone | Cell Phone |
| Other Emergency Contact | Home Phone | Work Phone | Cell Phone |
| Medical Insurance Company | | Policy Number | |
| Physician | Office Phone Number | Dentist | Office Phone Number |

Medical History

If necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, disability, or condition to which this participant is subject and of which the illumiNATION staff and volunteers should be aware of, and what if any action of prevention/protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken and give medication to church leader.

Check the following areas of concern for this participant. If necessary, add another page with details:

Does the participant have any allergies? If so, please specify...

Pollens _____ Medications _____

Foods _____ Insect Bites _____

Does the participant suffer from, ever experienced, or been treated for...

Asthma Heart Trouble Diabetes Frequently Upset Stomach

Date of Last Tetanus Shot: _____

Does the participant wear: Glasses Contact Lenses

Please list and explain any major illnesses this person has experienced during the last year:

Additional comments:

Should this person's activities be restricted for any reason? If yes, please explain

CONSENT FOR PARTICIPATION, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

I/we hereby give approval for _____ (Participant's Name) to attend and participate in illumiNATION-East during 2012. In consideration for me or my youth participant being allowed to attend and participate in this activity, I/we, for myself/ourselves and on behalf of my/our child, KNOWINGLY AND FREELY **ASSUME ALL RISKS AND HAZARDS** related to the illumiNATION-East activities including, but not limited to, transportation to and from the illumiNATION-East service sites, **EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE ENTITIES AND PERSONS RELEASED FROM LIABILITY BELOW**, and **ASSUME FULL RESPONSIBILITY FOR PARTICIPATION** in illumiNATION-East; further, I/we, for myself/ourselves and on behalf of our child and my/our heirs, do **HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS** the WNC Conference of The United Methodist Church and its trustees, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, chaperons, and other support staff persons for the illumiNATION-East (collectively referred to hereinafter as the "Releasees"), **WITH RESPECT TO ANY LOSS, INJURY, OR OTHER DAMAGE to me/us and my child arising out of or in any way related to activities at illumiNATION-East** including, but not limited to, transportation to and from the illumiNATION-East camp and service sites, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, except that which is the result of gross negligence and/or willful or wanton misconduct. I/we further agree to **INDEMNIFY AND HOLD HARMLESS** the Releasees from any claims, losses, injuries, or other damages related to or arising from the above named participant's attendance or participation in illumiNATION-East including, but not limited to, any claims submitted by or on behalf of the participant. **I/WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

MEDICAL AUTHORIZATION

TO: THE ATTENDING PHYSICIAN AND/OR HOSPITAL

I/we hereby authorize reasonable and necessary medical care, including, but not limited to, any emergency surgical procedure or hospitalization deemed necessary by a qualified and licensed physician for the welfare of the above named participant until such time as you are able to reach me/us personally.

CONSENT TO DISCLOSE MEDICAL INFORMATION

I/we further authorize the Releasees and their authorized representatives to disclose any health-related information of the above named participant to any healthcare provider.

In witness whereof, I/we have executed this form on the date indicated below.

Date _____ Participant's Signature _____

Date _____ Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

**Completion of this form is necessary for participation in illumiNATION-East.
THIS FORM MUST BE SIGNED BY THE PARENT(S) OR GUARDIAN(S) IF THE PARTICIPANT IS A MINOR.**