



Family Promise of Gallatin Valley  
11<sup>th</sup> Annual Cardboard Box City 2017  
Registration and Release of Liability

Office Use Only:
Pre-Check: _____
Check-In: _____
Pledge: \$ _____
Packet <input type="checkbox"/> Box #: _____

**Saturday, September 23, 2017 at 4:30 p.m. to Sunday, Sept. 24 at 7:00 a.m.**  
**Registration and "Rent" Deadline: September 22, 2017**

**PARENT/GUARDIAN SECTION**

**Youth Participant Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Youth Participant Email:** \_\_\_\_\_

**Youth Group Name:** \_\_\_\_\_

**Chaperone #1 Name:** \_\_\_\_\_ **Chaperone Phone:** \_\_\_\_\_

**Chaperone #2 Name:** \_\_\_\_\_ **Chaperone Phone:** \_\_\_\_\_

**Parent/Guardian Contact Information**

**Name(s):** \_\_\_\_\_ **I/We will be in attendance**

**Relationship to participant:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Medical Information** (Please let your child's chaperone know of any other concerns you have)

**Allergies to medicine and food:** \_\_\_\_\_

**Medications being taken:** \_\_\_\_\_

**Doctor's Name/Phone:** \_\_\_\_\_

**Other special medical instructions or concerns:** \_\_\_\_\_

I AGREE TO DEFEND, HOLD HARMLESS, AND INDEMNIFY FAMILY PROMISE OF GALLATIN VALLEY AND ANY OF ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES (COLLECTIVELY "FAMILY PROMISE") FROM ALL LIABILITY, LOSS, OR HARM THAT MAY OCCUR BY REASON OF PARTICIPATION IN THE CARDBOARD BOX CITY EVENT. BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE TO THE ABOVE, THE WAIVER AND RELEASE, AND GIVE PERMISSION FOR MEDICAL ATTENTION SET FORTH BELOW. I further give Family Promise permission to seek whatever medical attention is deemed necessary and release Family Promise of any liability against personal losses. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by Family Promise, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

**Photography/Video Release**

I grant permission for any photo images and video recordings that include my son or daughter to be used in future publicity. It is understood that there will be no compensation for this use.

\_\_\_\_\_  
Parent/Guardian Signature

**YOUTH PARTICIPANT SECTION**

I have participated in Cardboard Box City before:  Yes  No

Total amount of pledges collected: \$ \_\_\_\_\_, or sponsored by: \_\_\_\_\_

- I heard about Cardboard Box City through: **(Check All That Apply)**
- Poster  Family Promise Website
  - Facebook  Postcard  Radio
  - TV Announcement
  - Family Promise print newsletter
  - Family Promise email newsletter
  - Bozeman Daily Chronicle Announcement
  - My youth group leader
  - My congregational leader
  - Word of Mouth (friend, family member)
  - Other: \_\_\_\_\_

**Youth Participant Agreement**

As a participant in the Cardboard Box City event, I agree to abide by the event guidelines and respect all persons and property. I understand that the consequences of inappropriate behavior may result in my being sent home from the event.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Chaperone Agreement (if applicable)**

I agree that I am responsible for this youth participant in his/her parent’s or guardian’s absence. I agree to ensure their safety and know of their whereabouts throughout the event, and will ensure participant is following behavioral guidelines.

\_\_\_\_\_  
Chaperone #1 Signature

\_\_\_\_\_  
Chaperone #2 Signature