



Family Promise of Gallatin Valley
13th Annual Cardboard Box City 2019
Registration and Release of Liability

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

Saturday, October 5, 2019 at 4:30 p.m. to Sunday, Oct. 6 at 7:00 a.m.

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