Colorado RMHC Events

Clubber & Youth Participant – Consent & Release of Liability

Please Print and Provide All Information Requested

IMPORTANT: THIS DOCUMENT IS CONSENT AND CONTAINS A RELEASE OF LIABILITY. PLEASE REVIEW IT CAREFULLY.

Name of Participant _____ Participant's Date of Birth_____

Church Name: _____ Team Name: _____

Event Location_____ Dates Participant Will Attend Event_____

In consideration of my participation, or my Child's participation, in **Colorado Events** and its related activities, I am signing this Clubber / Youth Participant-Release of Liability. Attendance and participation in the Event hereby affirms the terms and conditions of this Release.

Release of Liability

Prior to my or my Child's involvement in the Event, I acknowledge that involvement in the Event may involve risk of property damage and or personal injury, illness or even death, including but not limited to the risks arising from transportation–related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

I am, or my Child is, fully capable of safely participating in the Event and I expressly assume all risks of my involvement, whether such risks are known or unknown to me at this time. I further generally release Rocky Mountain Honors Camp (RMHC) its directors, officers, volunteers, and agents, and other participants at the Event, from any and all claims that I may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, and any of my heirs, family, estate, administrators, and personal representatives.

Consent to Medical Treatment

I hereby consent to medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Event. List any food, drug or other allergies of Participant (If none, "None" or "N/A"): _____

_____

List any physical conditions (asthma, diabetes, etc.) and/or any necessary medications of Participant (If none, "None" or "N/A"): _____

Media Release

I understand that at this event or related activities, my Child may be photographed. I agree to allow such photos, videos or film images to be freely used for any legitimate purpose by RMHC and its assigns. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs / videos by RMHC in its publications, websites, social media and print media. If identification is made, only first name and church name will be used. Also, I understand that my Child's First Name and Church Name (without Photo) may be included on a Participant or Award list on the RMHC website, an Awana Missionary newsletter, or other related publication.

General Provisions

I represent and warrant that I am either the Participant named above, or the Participant's Parent/Legal Guardian. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate. If any portion of this Agreement is determined to be invalid or unenforceable under applicable law, the remainder of this Agreement shall remain valid. I expressly agree that this Release is intended to be as broad and inclusive as permitted by law and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado, without regard to its conflict of law provisions.

_____ _____

Participant Signature Date Signed

_____ _____

Printed Name Phone Number/E-Mail Address

If Participant is under the age of 18:

_____ _____

Parent/Legal Guardian Signature Date Signed

_____ _____

Printed Name and Phone Number Emergency Contact: Name and Phone Number