

Chi Alpha Campus Ministries - Boston Individual Participant Release

Event: NY/NE Retreat **Dates:** February 15-17, 2008 **Location:** UMass, Amherst MA

This is NOT a function of The University of Massachusetts

1. In consideration for being accepted and allowed to participate in this event/project/conference and activities associated with its program and location, I personally assume responsibilities for my actions. I agree to abide by the rules of the facility and event and release the event facility and Chi Alpha Campus Ministries - Boston (hereafter CACMB), their trustees, employees and agents, from loss, injury, or damage to myself or my property, provided that nothing contained herein shall excuse the facility and CACMB, their trustees, employees, or agents from responsibility to act with reasonable care for the safety of myself or my property.
2. I give permission to the event facility and CACMB to be photographed, recorded, and/or videotaped and to allow this material to be used for publicity.
3. I give permission to the event facility and CACMB to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge the event facility and CACMB, their trustees, employees, or agents from any liability for any first aid rendered or treatment performed pursuant to this consent.
4. I understand that CACMB has a hostage policy that states that CACMB should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.
5. If I am under the age of 18 (if you are, please check here _____), I state that I am a mature minor (of college age and living away from parent/guardian), and have the capacity to consent to the terms of this Release.

Or for the person under the age of 18 and living with parent/guardian: I, the undersigned parent or legal guardian of this person consent to this person's participation in this event and activities and agree to the terms of this release. I certify that I am competent to sign this Release, and have done so voluntarily.

_____ _____ _____
signature of parent/guardian print name of parent/guardian date signed

6. Should any dispute or controversy arise. I agree to seek resolution according to the Rules of Procedure of the Institute for Christian Conciliation, 1537 Avenue D, Suite 352, Billings, MT 59102.
7. I certify that I am competent to sign this Release, and have done so voluntarily.

Signature of Participant Print Name of Participant Date signed

Address (city, state, zip code)

Home phone E-mail

Emergency contact (print name) relationship (i.e., parent) Phone

College or Health Insurance Company name, policy holder and policy number of policy covering participant

Allergies or medical condition staff should be aware of and to avoid problems and to assure proper emergency action
None [] or otherwise explain _____

Names of any medication being taken or have been taken in past month
None [] or otherwise explain _____

Food restrictions that staff should be aware of to avoid problems
None [] or otherwise explain _____