

GROUP LEADER: _____

GROUP NAME: _____

PARTICIPANT'S INFORMATION:

REGISTRATION TYPE: Group Leader Chaperone Youth

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE #: _____

EMAIL: _____

BIRTH DATE: _____ GENDER: M F

GRADE ENTERING: 9 10 11 12 JUST GRAD.

DIETARY RESTRICTIONS/FOOD ALLERGIES: _____

EMERGENCY CONTACT:

NAME: _____

PHONE #: _____

RELATIONSHIP TO PARTICIPANT: _____

HEALTH INFORMATION:

DOCTOR: _____

DOCTOR PHONE #: _____

HEALTH INSURANCE?: YES NO

If yes:

INSURANCE CO.: _____

INSURANCE ID #: _____

INSURANCE GROUP #: _____

CARDHOLDER'S NAME: _____

MEDICINAL ALLERGIES: _____

CHRONIC MEDICAL PROBLEMS OR PHYSICAL RESTRICTIONS

(e.g. diabetes, depression): _____

CURRENT MEDICATION & DOSAGE (prescription & over the counter):

REASON FOR CURRENT MEDICATION: _____

Life Teen may administer the following over the counter medication to this participant (please check all that may be taken):

- Tylenol/Acetaminophen Motrin/Ibuprofen
 Benadryl/Dephenhydramine HCL Cough Drops
 Tums/Mylanta/Antacid

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Steubenville West. I am fully aware that my own/my child's participation in Steubenville West is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in Steubenville West, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen, Steubenville West, Franciscan University of Steubenville, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in Steubenville West which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from Steubenville West;
2. Agree to indemnify, defend and hold harmless Life Teen, Steubenville West, Franciscan University of Steubenville, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in Steubenville West including my/his/her travel to or from Steubenville West.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in Steubenville West. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in Steubenville West;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in Steubenville West at any time should my/his/her actions or general behavior impede the operation of Steubenville West or the rights or welfare of any person. I understand that I/my child may be required to leave Steubenville West in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of Steubenville West. I understand that Life Teen, in its sole discretion, reserves the right to cancel Steubenville West or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout Steubenville West by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in Steubenville West or that we accept full responsibility for any and all expenses that are incurred due to injuries which I/he/she may sustain as part of my/his/her participation in Steubenville West. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen, Steubenville West, Franciscan University of Steubenville, and the site organization(s) of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in Steubenville West. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/ my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen, Steubenville West, Franciscan University of Steubenville, and the site organization(s) my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in Steubenville West, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature: _____

(must be signed by parent/guardian if participant is a minor)

Print Name: _____

Dated: _____