



Adult Chaperone – Release of Liability
Please Print and Provide All Information Requested.

Name of Participant _____ Participant's Date of Birth _____

Church Name: _____ Team Name: _____

Event Location St. Charles, Illinois _____ Dates Participant Will Attend Event _____

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

I understand and agree that participation in Summit ("Event") is a privilege to which I am not otherwise entitled. In consideration of that privilege, I am signing this Release of Liability.

Release of Liability

Prior to my involvement in the Event activities, I acknowledge that my involvement in the Event may involve risk of property damage and of 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. In addition, I understand that there may be other risks inherent in Event activities of which I may not be presently aware.

By signing this Release of Liability, I warrant that I am fully capable of safely participating in all Event activities, 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 Awana Clubs International ("ACI") and its directors, officers, employees, volunteers, and agents, and other Participants at the Event, from any and all claims that I may have against any of them as a result of property damage or personal injury, illness or death as a result of my participation in Event activities, whether on or off Event grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on my behalf, and on behalf of my heirs, family, estate, administrators, executors, personal representatives and assigns.

Consent to Medical Treatment

If I experience an injury or illness, or have other medical needs, I authorize the Event's employees, volunteers, and agents to make such arrangements for my health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release ACI and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Medical Information

Medical Insurance Co. _____ Policy Number _____
(Please attach a copy, front and back, of your insurance card)

Address _____

Phone () - _____ Insured's Name _____

Doctor's Name _____ Phone () - _____

Emergency Contact _____ Phone () - _____

Will you be under any medication while at Event? Yes q No q If yes, please provide details: _____

Other Releases and Acknowledgements

I understand that, while I am participating in Event activities, photographs, film, audio recordings and videotape of may be taken of me for use in brochures, videos, releases to the press, and various ACI publications and other work product. I do hereby irrevocably grant ACI permission to record, display and/or reproduce my name, likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

Signature

Date Signed

Name Printed

Witness (Notary Public preferred)
(must be age 21 or older and not a relative)

Date Signed

(Notary Seal)