

W O N D E R

jericho falls ministry youth conference 2019

REGISTRATION

Welcome to Wonder!

We are excited to have you join us! Please fill out below form and make copies of Conference Participation Agreement form for each attendee to attach with this registration form along with payment. **Registration is accepted for first 200 students.**

Please make the check payable to Jericho Falls Ministry.

Registration: Deadline 6/30/2019 Fee \$250 per person (scholarship inquiry available)

Mailing Address: Jericho Falls Ministry 46 Iris Circle Glen Rock, NJ 07452 Email Address: askjerichofalls@gmail.com

Church Name _____

Church Address _____

Contact person _____ I am a Youth pastor/teacher/parent/other _____

Email Address _____ Contact Number _____

How many are attending: Students _____ Teachers: _____ Pastors: _____ Total _____

	Name	Gender	Grade	T-shirt size	Please note if you are a pastor or teacher if applicable. Please list any known allergies
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	Name	Gender	Grade	T-shirt size	Please note if you are a pastor or teacher if applicable. Please list any known allergies
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Please feel free to add more people on a separate paper if you have more than 50 people. Thank you!

Conference Participation Agreement

Name of Participant _____

Participant Cell () _____ Email _____

Name of parent/guardian if participant is a minor _____

Parent/Guardian Cell () _____ Email _____

Medical Condition or allergies _____

Emergency contact:

Name _____ Relation _____ Cell () _____

Name _____ Relation _____ Cell () _____

PLEASE READ THIS PARTICIPATION AGREEMENT FORM CAREFULLY. IT IS A LEGAL CONTRACT CONTAINING AN IMAGE/VOICE PERMISSION, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNIFICATION AND MEDICAL EMERGENCY PERMISSION, AND IT AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU OR YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THE JERICHO FALLS MINISTRY YOUTH CONFERENCE ON AUGUST 21 - AUGUST 24, 2019.

Participation Agreement

By signing this Participation Agreement, I agree to the following:

I (and/or my minor child/children) volunteer willingly to participate in the Jericho Falls Ministry Youth Conference.

I understand that Jericho Falls Ministry does not provide health insurance for me (and/or my child/children).

I understand that a staff member/Ministry representative will attempt to contact the parent, guardian, or emergency contact listed above in case of illness or injury. I authorize these representatives to contact paramedics and/or take me/my child to a hospital and be given treatment by paramedics and hospital staff as necessary.

I understand that I (and/or my minor child/children) will bear all financial responsibility for any medical treatment arising from participation in Jericho Falls Ministry Youth Conference.

Image/Voice Permission:

Photographs or video/audio recordings may be taken of you and/or your child/children during this camp. Unless you request otherwise, this Participation Agreement will be considered permission for Jericho Falls Ministry to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child/children for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to using your image or voice or your child's/children's image or voice in this manner, please notify the Camp Director, in writing, upon submission of this Agreement.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION

I assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me or my child/children, or any loss or damage to property owned by me or my child/children as a result of participation in the Jericho Falls Ministry Youth Conference.

I hereby RELEASE FROM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Jericho Falls Ministry, and any of the officers, staff members, volunteers of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of participation in the Jericho Falls Ministry Youth Conference.

I also ASSUME THE RISKS of my participation and my child's/children's participation in the conference and agree to not hold the RELEASEES responsible for any loss, damage or injury, including death that occurs as a result of participation in the Jericho Falls Ministry Youth Conference.

I further agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury is caused by my or my child's/children's negligence, the negligence of the RELEASEES or the negligence of any third party.

I further agree that this PARTICIPATION AGREEMENT shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES.

By signing this PARTICIPATION AGREEMENT, I state that I have read, understand, and agree to the conditions set forth herein and that I sign this form freely and voluntarily.

Participant's signature

Date

Parent/Guardian's signature

Date