



2021-22 Student Registration

STUDENT INFORMATION:

Name: _____
(First) (Last)

Age: _____ Grade: _____ School: _____

***Please list additional students below.

PARENT/GUARDIAN INFORMATION – EMERGENCY CONTACT #1:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____

EMERGENCY CONTACT #2:

Name: _____

Relationship to the student: _____

Cell Phone: _____ Work Phone: _____

PARENT/GUARDIAN CONSENT FOR PARTICIPATION:

Parent/Guardian Signature: _____

MEDIA RELEASE:

I authorize The Dock Ministries to use images of my child(ren) for promotional purposes only. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, and/or reformatted in any form or manner without payment of fees in perpetuity.

Parent/Guardian Signature: _____

ADDITIONAL STUDENTS:

Name: _____

Age: _____ Grade: _____ School: _____

Name: _____

Age: _____ Grade: _____ School: _____



LIABILITY WAIVER/AUTHORIZATION/RELEASE/COVENANT

In consideration of being allowed to participate in this program sponsored by The Dock Ministries and in consideration of the benefits to be derived therefrom, I hereby release The Dock Ministries and its present and former directors, employees, board members, volunteers, agents, and their heirs, administration, executors, successors and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my child's participation in this event.

I recognize that there are certain risks, health and other things my child will be exposed to while participating in this program. I fully acknowledge those risks. If for any reason my child is unable to complete his/her stay at this event, I assume full responsibility for the expenses occurred for his/her return home.

I am also aware that any lack of respect for authority, including the use of abusive languages, violations of the site smoking/vaping policies, and failure to comply with behavioral expectations may result in my child being sent home at my expense. I understand that any use or possession of alcohol, firearms, tobacco products, or drugs (not prescribed by a physician) will automatically result in my child being sent home at my expense.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my emergency contact/I will be contacted as soon as possible.

I understand that this document constitutes a full and complete waiver of all possible claims for any act of omission, including claims for negligence regarding injury or property damage, arising out of my child's participation in the trip.

I understand that The Dock Ministries will not be responsible for any of my child's lost or stolen property.

I understand that this release applies to, covers, and includes unknown, unforeseen, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, provincial, or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

All STUDENT PARTICIPANTS AND PARENT/GUARDIAN

I agree to cheerfully participate in all assignments and activities and to abide by the decisions and schedules set by The Dock Ministries and adult sponsors. I acknowledge that I am representing Jesus Christ and The Dock Ministries while participating in this event and will conduct myself appropriately at all times. I do hereby certify that I promise to abide by the rules and regulations set forth therein.

Signature of Participant: _____ Date: _____

I certify that all information is correct and that I have read, understand, and agree to all the provisions in the Liability Waiver/Authorization/Release as stated.

Parent/Guardian Signature: _____ Date: _____