

**PARTICIPANT REGISTRATION FORM
EMERGENCY MEDICAL INFORMATION
AWARENESS OF RISK AND RELEASE OF
LIABILITY AND INDEMNIFICATION AGREEMENT**

In the event a serious medical emergency occurs, care will be provided by the nearest local medical facility.

Please provide us with the following information as well as any additional information that would be appropriate for medical professionals to know in the event of an emergency.

REGISTRATION INFORMATION:

(Please print clearly)

Participant Full Name: _____

Congregation Name: _____ City: _____

EMERGENCY and MEDICAL INFORMATION:

Emergency Contact: _____ Relationship: _____

Telephone Number: _____ Alternate Telephone Number: _____

Allergies (Food or Drug): _____

Other useful medical information: _____

I do hereby consent to allow my child to participate in the Homelessness Awareness SleepOut event offered by Gustavus Adolphus College from November 13-14, 2015. I understand that my child can get hurt anytime they are involved in physical activity or in case of inclement weather. In consideration for this participation, I agree to waive any cause of action or claim that I/we may have, accrue, obtain, or be entitled, against Gustavus Adolphus College (Gustavus), or their agents, arising out of participation in this event. I, for myself, further agree to indemnify and hold Gustavus, and their agents harmless for any injury or harm to my child arising out of participation in this event.

I FURTHER AUTHORIZE THE EVENT COORDINATOR TO ARRANGE FOR
TRANSPORTATION AND IMMEDIATE MEDICAL CARE IN THE EVENT OF AN
EMERGENCY.

(Signature of Parent/Guardian) Date: _____