



Consent - NCANN Events

Parental Consent and Release of Liability ~ Please Print and Provide All Information Requested

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

Participant Name: _____ Church Name: _____

Coach Name: _____ Participant's Date of Birth: _____

Please circle and enter the DATE OF THE EVENT participating in TODAY:

Fall Fellowship Reno Reno Area Events

DATE: _____

Sac Area Events YM Weekend (formerly Trek/Journey Weekend)

I understand and agree that participation in **this NCANN Event** ("Event") selected above is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability. [NCANN Events is the event arm of West Coast Honor Camp "WCHC"]

Consent to Attend Event

I hereby give permission for my Child to attend and participate in the Event.

Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child 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.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release West Coast Honor Camp/NCANN Events ("WCHC") its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Nevada.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

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

Media Release

I understand that at this Event or related activities, my Child may be photographed. I hereby assign all rights to the photographs/video made of my Child by WCHC. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs/video by WCHC for promotional purposes in its publications, on its Web site and in local print media. I acknowledge WCHC's right to crop or treat the photographs/video at its discretion.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Nevada, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Washoe County, Nevada.

Parent/Guardian Signature

Date Signed

Printed Name & Phone Number

Emergency Contact Name & Number