**Waiver & Release for Cardboard Box City Participation**

**(Every CBC “renter” must have this form filled out.)**

**Cardboard Box City—September 24-25, 2016**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_

**(7th-12th grade may be supervised by chaperones; 6th grade and under must have parent/adult)**

School Grade\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_ Female\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you/your child have allergies to:

\_\_\_ Pollens \_\_\_\_ Medications \_\_\_\_ Food \_\_\_\_Insect bites

Do you/your child suffer from or have ever experienced, or is being treated currently for any of the following:

\_\_\_ Asthma \_\_\_Diabetes \_\_\_Heart trouble \_\_\_Epilepsy/seizure Disorder

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**name of parent/guardian**), the parent and natural or legal guardian Of the above minor hereby represents that he or she is, in fact, acting as such capacity and AGREES TO DEFEND, HOLD HARMLESS, AND INDEMNIFY FAMILY PROMISE of FLORENCE AND ANY OF ITS OFFICERS, AGENTS,SERVANTS,OR EMPLOYEES FROM ALL LIABILITY, LOSS OR HARM THAT MAY OCCUR BY REASON OF PARTICIPATION IN THE CARDBOARD BOX CITY EVENT. BY MY SIGNATURE BELOW, I ACKNOWLEDGE AND AGREE TO THE ABOVE, THE WAIVER AND RELEASE SIGNED BY MYSELF OR FOR THE ABOVE MINOR, AND TO PERMISSION FOR MEDICAL ATTENTION SET FORTH BELOW.I further give Family Promise permission to seek whatever medical attention is deemed necessary, and release Family Promise of any liability against personal losses of the above minor. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

\_\_\_ I hereby GRANT permission to Family Promise of Florence, the right, without fee, to make, edit, use or display photos and audio/DVD recording (images) of me/my child.

\_\_\_ I DO NOT GRANT permission to Family Promise to use my child’s image for news or publicity purposes.

PARTICIPANT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Each student 18 and under should turn this form into your group leader who will turn it in at registration on September 26th. Students CANNOT attend CBC without this signed form!)**