

WFR REGISTRATION 2010

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____

D.O.B. _____ M/F _____ T-shirt size (standard adult) S M L XL 2XL

Health issues we should know: _____

Prior training & certifications: _____

Primary reason for attending WFR: _____

WFR RELEASE

PERSONAL DATA (Please Print Neatly)

Name: Last _____ First _____ Middle _____
Preferred _____

Permanent Address _____ Phone _____
Street and Number: _____ Home: _____
City: _____ Work: _____
State: _____ Cell: _____
Country Postal Code: _____

Age: _____ Sex: _____ Birth date: Day _____ Month _____ Year _____

T-shirt size : S M L XL

ACKNOWLEDGMENT OF RISK

We recognize the element of risk in any adventure, sport, or activity associated with the outdoors. We are fully aware of the risks and dangers inherent in activities such as but not inclusive to:

1. Hiking on and off trails ranging from gentle to steep and difficult
2. Possibly encountering wild animals, reptiles, and insects
3. Encountering creeks that may need to be crossed
4. Trust exercises and other active games

Some of the risks inherent in the above activities (in order):

1. Sunburn, heart problems, dehydration, blisters, twisted ankles, carrying weight on stretcher, climbing, rappelling, using pulley rope system, etc.
2. Bites, stings, poison oak, bees, allergies, reactions, etc.
3. Falling, hitting rocks, drowning, etc.

I/we certify that I/we have the necessary skills and abilities to participate in the said activities and assume full responsibility for myself (and others) for bodily injury, death, and loss of personal property and expenses thereof as a result of my (our) negligence of YWAM Salem/Salem King's Kids/NIKO/WFR.

I/we also agree to abide by the rules or instructions given to me verbally or written. YWAM Salem/Salem King's Kids/NIKO/WFR reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participation. I/we have read, understood, and accepted the terms and conditions to the entire course.

Parent/Guardian Signature _____ Date _____ Applicant Signature _____ Date _____

APPLICANT AGREEMENT

As an applicant for a YWAM Salem/Salem King's Kids/NIKO/WFR, I take the responsibility, if accepted as a participant for the YWAM Salem /NIKO/WFR, to obey all the rules and regulations governing my behavior during this experience and to give my full attention and support to the King's Kids staff in order to make this event a success for all the participants.

Signed: _____

Signature of Parent or Guardian if under 18: _____

Please print Parent/Guardian Name: _____

Telephone: Home _____ Work _____ Cell _____

MEDICAL RELEASE

I/we hereby grant permission for the performance of any emergency treatment that may be required in the case of an accident or illness wherein I am rendered unconscious or unable to approve of the required medical treatment. Or as a parent/guardian, I give permission for said treatment to be given to my minor child.

Signature of Participant _____ Printed _____ Date _____

Address _____

Witnessed By _____

Minor Parent's/Guardian's Signature _____

MEDICAL HISTORY

ILLNESS OR INJURIES (CHECK ALL THAT APPLY)

(All medical information is confidential and extremely important for your safety)

Chronic or Recurring Illness _____ Asthma _____ Ear Infection _____ Kidney _____

Epilepsy _____ Convulsions _____ Diabetes _____ Heart Disease _____ Other _____

***If you have asthma and require an inhaler you must carry yours with you. You will not be allowed to participate without it. Specify your inhaler medication and how often it should be used** _____

Date of Last Health Examination _____

Were there any complicating medical problems noted during this exam? _____

Are you currently under a physician's care? _____

Since your last health examination have you had a serious injury? _____

...an illness lasting longer than a week? _____

...a surgical operation or fracture? _____

...treatment in a hospital as an inpatient or in the emergency room? _____

...medication prescribed by a physician or in the emergency room? _____

Please list condition, medicine, dosage, and duration. _____

_____. (In case of an emergency this information is very important)

Is your minor restricted from participation in any school physical education activity? _____

_____ Can the participant swim? YES/NO

OTHER HEALTH CONDITIONS (Check all that apply)

Feminine complications _____ Constipation _____ Nosebleeds _____ Motion Sickness _____

Emotional/Behavioral Issues _____ Sickle Cell Anemia _____ Fainting _____

Hearing Impaired _____ Special Dietary Regime _____ Contact Lenses _____ Glasses _____

Sleep Walking _____ Other _____

Have you ever been exposed to or do you carry any contagious diseases or infections? _____

Allergies (Specify what, your reaction, any medication or procedures you use to deal with it) Food _____

Insects _____

Medications _____ Other _____

***If you have a severe allergic reactions (i.e. to bees, nuts etc.) you must carry your own epinephrine pen on you at all times and inform the staff. You will not be allowed to participate without it. Do you carry an epi pen? YES/NO**

Please explain any "yes" answers to the above questions. Indicate any useful information (i.e. what medications and dosages) to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted. Use another sheet of paper if necessary.

PARENTAL AGREEMENT *(to be filled out by PARENTS of minors)*

- a. I/we are aware of the fact that YWAM Salem/Salem KING’S KIDS/NIKO/WFR will not take financial responsibility for sickness, accident, pre-existing conditions, loss or damage of property, or any unforeseen events.
- b. In consideration of allowing my child to participate in the above mentioned activity, we the undersigned, as parent(s)/guardian(s), covenant with YOUTH WITH A MISSION Salem and Salem KING’S KIDS/NIKO/WFR, including each of their employees, staff members, agents, and volunteer workers, hereafter collectively referred to as “YWAM Salem/Salem KING’S KIDS/NIKO/WFR,” that I will never individually or jointly, or on behalf of my minor child, institute or assist in any action at law in any court, tribunal, or other forum against YWAM Salem/Salem KING’S KIDS/NIKO/WFR on account of any injury or other loss or damage of any kind whatsoever that may hereafter be sustained by my minor child named above or myself as a consequence of said minor’s or my participation in, or involvement in any activity either in a training center, outreach, outing, transportation to or from any activity by bus, van, automobile, boat, airplane, public or private conveyance, or otherwise, sponsored directly or indirectly by YWAM Salem/ Salem KING’S KIDS/NIKO/WFR and any affiliated agencies, or representatives, whatsoever.
- c. This covenant shall bind me and my heirs, assigns and legal representatives and may be pleaded as a complete defense to any action brought in breach of this covenant and agreement, and I expressly agree to indemnify YWAM Salem/Salem KING’S KIDS/NIKO/WFR against, and to pay any loss from me or by anyone in my behalf, or on behalf of themselves, or in said minor’s behalf, for the purpose of enforcing a claim for loss of life, personal injury, property damage, or loss sustained by me or them or said minor in consequence of my, or their, or minor’s attendance or participation in any YWAM Salem/Salem KING’S KIDS/NIKO/WFR activity of any kind whatsoever.
- d. I/we have read this agreement and understand all its terms to my/our complete satisfaction and have executed this document freely and with full knowledge of its legal significance.

SIGNATURES OF PARENTS OR LEGAL GUARDIANS

_____	_____
Name	Date
_____	_____
Name	Date

SIGNATURE OF WITNESS

_____	_____
Name	Date

PARTICIPANT AGREEMENT

(To be filled out only by participants over 18 years of age)

- e.** I am aware of the fact that YWAM Salem/Salem KING’S KIDS/NIKO/WFR will not take financial responsibility for sickness, accident, pre-existing conditions loss or damage of property, or any unforeseen events.
- f.** In consideration of participating in the above mentioned activity, I the undersigned, covenant with YOUTH WITH A MISSION Salem/Salem KING’S KIDS/NIKO/WFR, including each of their employees, staff members, agents, and volunteer workers, hereafter referred to as “YWAM Salem/Salem KING’S KIDS/NIKO/WFR”, that I will never, institute or assist in any action at law in any court, tribunal, or other forum against YWAM Salem/Salem KING’S KIDS/NIKO/WFR on account of any injury or other loss or damage of any kind whatsoever that may hereafter be sustained by my self as a consequence of my participation in, or involvement in any activity either in a training center, outreach, outing, transportation to or from any activity by bus, van, automobile, boat, airplane, public or private conveyance, or otherwise, sponsored directly or indirectly by YWAM Salem/Salem KING’S KIDS/NIKO/WFR and any affiliated agencies, or representatives, whatsoever.
- g.** This covenant shall bind me and my heirs, assigns and legal representatives and may be pleaded as a complete defense to any action brought in breach of this covenant and agreement, and I expressly agree to indemnify YWAM Salem/Salem KING’S KIDS/NIKO/WFR against, and to pay any loss from me or by anyone in my behalf, or on behalf of themselves, for the purpose of enforcing a claim for loss of life, personal injury, property damage, or loss sustained by me in consequence of my attendance or participation in any YWAM Salem/Salem KING’S KIDS/NIKO/WFR activity of any kind whatsoever.
- h.** I have read this agreement and understand all its terms to my complete satisfaction and have executed this document freely and with full knowledge of its legal significance.

SIGNATURE OF PARTICIPANT

Name	Printed	Date
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SIGNATURE OF WITNESS

Name	Printed	Date
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