



Grace Fellowship CHURCH

Registration Form AWANA 2025–2026

PARTICIPANT INFORMATION (to be completed by parent or guardian)

Name of participant: _____

Date of birth: _____ School: _____ Grade: _____

Name of parents/guardians: _____

Address: _____

Cell: _____ Email: _____

Emergency contact: _____ Cell: _____

List allergies or medical conditions: _____

Is the Church authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

PARTICIPATION AGREEMENT

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Grace Fellowship Church or its agents, employees, volunteers, or any other representatives (collectively referred to as the "Church"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Church for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Church, the participant, or otherwise.

I, ("Licensor"), hereby grant, voluntarily and with full understanding, to Grace Fellowship Church ("Church"), a license to the following: 1. Use and storage of my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the activity of Church. 2. Use of any stored data including my name and image in printed publications of Church. 3. Use of any stored data including my name and image in electronic publications of Church. 4. Use of any stored data including my name and image in any Web site created by or for Church for its sole benefit. 5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Parent's or Guardian's signature: _____ Date: _____

Parent's or Guardian's name (please print): _____