

Wabash Conference Children's Lock-In

Chaperone Form

Registrations
must be received
by April 12, 2019

1 Chaperone for every 7 children is required.

Cost: \$10 per chaperone (Address check to Wabash Conference)

Email: _____

Name _____ FMC Church _____

Address _____ City _____ St _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Your health insurance company _____

Insurance company's claims address _____

Member's name _____ Identification # _____

Benefit code _____ Account # _____

How many children are you bringing?

Boys _____ Grades _____ Girls _____ Grades _____

Medical and Liability Release

Please read carefully and print appropriate answers in blanks

I, _____ who desires to voluntarily participate in the **(WABASH LOCK IN)**, assume all responsibility for any accidents or other mishaps, including, but not limited to, serious bodily injury, permanent disability, and/or death and I hereby waive my right to any claim, cause of action, and/or the right to file a law suit, and further release (Church's Name) _____, the Wabash Conference of the Free Methodist Church, the Free Methodist Church of North America, and the directors, officers, sponsors, employees, agents, and volunteers of each entity from any and all responsibility or liability of any nature whatsoever for any loss or damage to my property or person, including personal injury and/ or death sustained on **(WABASH LOCK IN)** described above.

This instrument shall be binding upon the relatives, personal representatives, heirs, beneficiaries, next of kin or assigns of the above-named and shall insure to the benefit of the organizations named as well as their directors, officers, sponsors, employees, agents, volunteers, successors and assigns.

I have carefully read this *Waiver & Release of Liability & Permission for Treatment* and by my signature, I am stating that I understand, and accept all of its provisions, and understand that I am giving away substantial legal rights for myself and have the appropriate authority to execute this *Waiver & Release*.

Signature: _____ Date: ____/____/____

Thank you for Chaperoning this exciting experience with your ministry children!

We are asking you to help us make this a fabulous experience by following these guidelines prior to and during the experience.

1. Provide 1 chaperone per 7 children. (ex. 1 chaperone for 4 or 2 chaperones for 8 etc.)
2. Gather all forms (Child & Chaperone) along with fees and mail them in one envelope by April 12, 2019.
3. This a great opportunity to build a relationship with the children from your church. To see that this happens, we ask that you participate in all activities with your group.
4. One chaperone from each church may check-in for the group.
5. Anyone requiring medicine during the experience will personally need to check in with Nurse Nikki during registration. **NO MEDS MAY BE KEPT WITH CHILD.**
6. If questions should arise do not hesitate to call Deana Hayes at (317) 409-4718

