



Can Sleeping in a Parking Lot Really Change a Life?

**Students/Parents: Bring ONE notarized copy of this document to registration plus one form photocopy.
Attach a photocopy of insurance card.**

Participant Info:

Participant Name: _____ Date of Birth: ____/____/____

Age: ____ Grade Completed (high school): _____ Year in College (i.e. Freshman): _____

Address: _____ City: _____ ST: _____ ZIP: _____

E-mail: _____ Group/Church Name: _____

T-shirt size: _____ In case of an emergency notify: _____

Relationship to Participant : _____

Phone Numbers - Home: (____) _____ Work: (____) _____

Mobile: (____) _____ Other:(____) _____

For Group Leader Only:

Check the box showing how many resettlement kits this student raised funds for during Under The Stars. Gifts will be mailed to you for distribution.

- 1 kit (\$50) – I Helped An Orphan Sleep Sweetly window cling
- 2 kits (\$100) – I Helped An Orphan Sleep Sweetly t-shirt
- 4 kits (\$200) – Sweet Sleep BPA-Free Nalgene water bottle
- 8 kits (\$400) – Sweet Sleep Sweatshirt Blanket

Medical Profile

Generally, the participant’s Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain:

- Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble
- Diabetes Dizziness Stomach Upset Hay Fever

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ____/____/____

Family Physician: _____ Phone:(____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____

Employment: _____ Subscriber Occupation: _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the event director, church official, or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child, may be photographed or videotaped during normal event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Sweet Sleep, the Under The Stars event venue, the Church, or event sponsors and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this event or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Copy to Project Venue. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to event venue.

Complete and sign below (*participants who are under 18 years of age require Parent/Legal Guardian signature*).

Participant's Signature: _____ Date: ___/___/___
Parent/ Guardian Signature: _____ Phone: () _____
Date: ___/___/___

Notary Acknowledgement:

State of _____ County of _____ On _____
Before me, _____, Notary Public, personally
appeared _____ who proved
to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/they executed the same in his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary signature: _____
My commission expires: _____