

# flood Multiple Event Release Form

flood, inc. (flood) its staff, volunteers, and any and all persons connected to the organization are hereby released and discharged from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in all flood sponsored events.

I understand that the flood staff reserves the right to remove any student who would not yield to the chaperones or the guidelines for the event and to forfeit any registration payment (if applicable).

In the event of emergency or non-emergency situations in which medical treatment is required, every reasonable effort will be made to contact the persons listed on the attached registration form. If unsuccessful in contacting the persons listed, consent/permission is given for the treatment by competent medical personnel as determined by those supervising the event. Further, consent/permission is given to hospitalize and secure proper treatment for:

(Please PRINT clearly)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M or F  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ School \_\_\_\_\_  
Student Email Address \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_  
Parent Email Address \_\_\_\_\_  
Parent's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact other than parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The undersigned represents to flood, inc. (herein referred to as flood), a religious nonprofit organization, that he/she is the legal guardian and natural parent or legal guardian of the above named child; and the undersigned does hereby consent to such minor taking part in noted activities, with the full understanding insofar as such activities may include, but are not limited to, service projects, various sport activities, riding in private or rented vans, cars and buses, ropes courses, mingling with other individuals, and understands there is always a risk of injury, illness, loss, death and any other possible results that lead to expenses for medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such expense and does hereby wholly release flood and any or all of its agents of any and all liability that might arise on account of loss, injury, death or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless flood in the event of any such claim should arise, and the undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by flood and its agents, and does hereby authorize flood or its representatives or other agents, to arrange for and consent to x-ray examinations, anesthetic, dental, medial, and surgical diagnosis and treatment, and hold harmless flood from any such expense. The undersigned will reimburse flood or furnish payment or insurance for any such payment, at his/her own expense. The undersigned also agrees to pay in full for any property damage caused by his/her child. Events included in this form are, but not limited to, the SLB retreat, service projects, mission trips, special events,

and any other flood activities occurring in the specified dates stated above. I also agree that my insurance company will be billed for all medical care unless duly stated for the international trips, and I am aware that the medical provider may bill me for any medical treatment not covered directly by my insurance.

By signing, I am giving permission for my son(s)/daughters(s) to attend the previously stated functions. I have read the above *Multiple Event Release Form* and agree to its provisions.

By signing, I am agreeing to assume full responsibility for updating any medical and/or insurance information throughout the year as necessary.

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Signatures/Relationship (parents or guardians of minor participating) \_\_\_\_\_ Date \_\_\_\_\_

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Signatures/Relationship (parents or guardians of minor participating) \_\_\_\_\_ Date \_\_\_\_\_

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Signatures (participant) \_\_\_\_\_ Date \_\_\_\_\_

### Registration and Medical Information

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

Street

City

State/Zip

Allergies/Special Health Issues \_\_\_\_\_

Medications

Time Schedule

Medications that CANNOT be taken

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Insurance Information

Policy Holder's Name \_\_\_\_\_ Policy Holder's ID # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State/Zip

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<b><i>Parent Letter</i></b> _____	<b><i>For flood office use only</i></b>	<b><i>Parent Invite</i></b> _____
	<b><i>Parent Call</i></b> _____	
<b><i>Student Card</i></b> _____	<b><i>Emails Entered</i></b> _____	<b><i>Database</i></b> _____