

## NET Ministries Event Waiver

To the fullest extent allowed by law, I/we acknowledge that there are risks in my child's participation in the NET Ministries, Inc. (NET) event. I agree to defend, indemnify, hold harmless, and relinquish any and all claims I may have against NET and its officers, agents, employees, representatives or volunteers arising out of any activity my child participates in while attending the NET retreat, except for claims arising out of the willful and wanton misconduct of NET and its employees and representatives.

Except as limited above, I further release all NET agents and employees from any claim related to or arising out of first aid, medical treatment or services rendered to my child during participation in such activity.

I consent to any medical treatment deemed necessary in an emergency during my son/daughter's stay at the NET event.

I understand that my child may be photographed or recorded during a portion of the NET event and grant NET the right to use and publish these photographs and/or video footage in which my child may be included for the promotional purposes of NET only. I understand that NET will not use any portion of my or my child's legal names in conjunction with the use of my child's likeness. I hereby release the NET and the NET photographer from all claims and liability relating to use of photographs or video footage.

Student Name: \_\_\_\_\_

Retreat Date: \_\_\_\_\_

Please check (√) if you give permission for the designated NET Staff to give over the counter medication to your son/daughter (Aspirin, Ibuprofen, Cough Syrup):      Yes      No

Is your son/daughter on prescription drugs?              No      Yes

Type & Dosage: \_\_\_\_\_

Please list any known allergies to foods or medications: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In case of emergency, parent/guardian can be reached at this number: \_\_\_\_\_

In the event that the Parent/Guardian cannot be reached, please contact: \_\_\_\_\_

Number: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Parent/Guardian (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_