



## Leader Registration and Release Form

Each leader attending must submit this completed form. \$75 for pre-registrations including housing. \$45 without housing.

Leader Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Gender: M F Long Sleeve Shirt Size: S M L XL 2XL 3XL

Email: \_\_\_\_\_

Need Housing? Y N (subtract \$30 if no)

Church you are attending with: \_\_\_\_\_

Allergies? Food: \_\_\_\_\_ Other: \_\_\_\_\_

Prescription medication? \_\_\_\_\_

Please list the nature of any medical conditions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below, I acknowledge there are inherent risks involved with large groups and physical activities. I will not hold Summit Christian College, Gering Central Church of Christ, or the church I came with responsible for any injuries or accidental death to me while at Fall Fling. I also realize large group gatherings increase the **risk for exposure to COVID-19** even with precautions in place. I will not hold Summit Christian College, Gering Central Church of Christ, or any person at Fall Fling responsible for illnesses I may pick up while at Fall Fling. In the case of needed **emergency medical care**, I give permission for treatment to be given to me without first notifying my emergency contact, and I will not hold any medical personnel or medical center responsible for rendering necessary emergency services.

I give permission for **photos and videos** of me to be published in print and/or digital format for Fall Fling and Summit Christian College promotional purposes.

Signature

Date