

# Sharon Mennonite CHURCH

## Workcamp 2019 Registration

June 16-21, 2019

Theme: LOVE

Song: Stand By Your Love

Contact Information: Pastor Jared Chase - [jchase2882@gmail.com](mailto:jchase2882@gmail.com) - office: 614.873.8290 cell: 614-530-8329

### Important Information

- Cost is \$100/person or max \$200/family
- This is an overnight camp. Campers will be spending the night at the church. Please plan accordingly. Packing list will be sent out prior to workcamp.
- Each participant must fill out a separate application. Please print clearly

### Personal Information

First Name	Middle Initial	Last Name	Preferred name
Street Address		City	State Zip Code
Home Phone	Cell Phone	E-mail Address	
Your Date of Birth ____/____/____		T-Shirt Size ____ S ____ M ____ L ____ XL ____ XXL	
How many years have you attended Workcamp? _____			

### If applicant is under age 18 the date this application is completed

Parent(s) Name \_\_\_\_\_ Parent(s) Email \_\_\_\_\_  
Parent(s) Primary Phone \_\_\_\_\_

Do you give consent for your child to get treatment for injury or illness? Yes or No

### Has the Applicant Ever Had...

Disability, chronic, or recurring illness? (if yes, please list) \_\_\_\_\_  
Any activities limited by a physician's advice? (if yes, please list) \_\_\_\_\_

### Does the Applicant Currently Have...

Any dietary modifications? (if yes, please list) \_\_\_\_\_  
Prescription or over the counter medications to take? (if yes, please list) \_\_\_\_\_  
Diseases? (if yes, please list) \_\_\_\_\_  
Special conditions or details of any of the above: \_\_\_\_\_

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

Signature of Parent or Guardian, if under age 18 \_\_\_\_\_ Date \_\_\_\_\_

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# Sharon Mennonite

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## CHURCH

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### Permission, Waiver, and Identification

Name \_\_\_\_\_

Please acknowledge that you have read the following:

\_\_\_\_\_ I have read and understand

\_\_\_\_\_ I need clarification

#### Activities:

It is my understanding that participating in the programs and recreational and other activities, including special events and field trips of Sharon Mennonite is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with such activities, including without limitation, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

#### Release of Liability and Indemnification:

Notwithstanding the fact that it is impossible to identify or be aware of every risk or injury that such activities may involve, by signing this form, I expressly warrant that I am capable of withstanding both the physical and mental demands of any such activities in which I might engage. I also expressly assume all risks of my participation in the activities, whether such risks are known or unknown to me at this time. I further release Sharon Mennonite and its pastors, ministers, leaders, employees, volunteers and agents from any claim that I or my family may have against them as a result of injury or illness or any other form of damages or claims I may have related in any way to my participation in such activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty and is intended to cover all claims from me, my family or my estate; heirs, representatives or assigns may have. I further agree to indemnify, hold harmless and defend Sharon Mennonite, its pastors, ministers, leaders, employees, volunteers and agents from and against any and all claims or other causes of actions related in anyway to my participation in such activities.

#### First Aid and Emergency Medical Treatment Consent:

I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury. I do hereby give permission for agents of Sharon Mennonite to seek and secure any needed medical attention or treatment, if in the agent's opinion, such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I also give permission to physicians, dentists, hospitals and other health care providers and institutions to administer any needed medical treatment, including surgery and agree to pay for any such services rendered.

#### Publicity Consent:

On occasions, Sharon Mennonite takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in Sharon Mennonite publications or advertising materials to let others know about its ministries. In addition, local news organizations may hear of our activities or events, and Sharon Mennonite may invite or allow them to photograph or record its events for news reporting on special interest features. I hereby consent to the use of any such audio or visual record of me as Sharon Mennonite sees fit. This consent includes but is not limited to photographs, videotapes and audio recordings. Furthermore, I give permission to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.