

PROJECT GO!

A MINISTRY TRIP FOR 5TH & 6TH GRADE STUDENTS
STUDENT APPLICATION & PARENTAL CONSENT

MINISTRY DATES: JULY 17-22, 2017

APPLICATION DEADLINE: MAY 15

TRIP FEE: \$245 - \$20 DEPOSIT DUE WITH APPLICATION—BALANCE DUE BY JULY 1

STUDENT INFORMATION - PLEASE USE BLACK INK AND PRINT CAREFULLY

LAST NAME _____ FIRST NAME _____ MID INITIAL _____ NICKNAME? _____

ADDRESS _____ PHONE (_____) _____

CITY _____ STATE _____ ZIP _____ AGE _____ BIRTHDATE ____/____/____

EMAIL _____ GRADE IN SPRING 2016 _____

T-SHIRT SIZE: YTH-M YTH-L AD-S AD-M AD-L XL XXL CHECK ONE: MALE FEMALE

WHY DO YOU WANT TO GO ON THIS MISSION'S TRIP?

WRITE A SHORT TESTIMONY HERE OF WHEN, WHERE, AND HOW YOU WERE SAVED.

**PLEASE TAPE
A PICTURE OF
YOURSELF HERE.
SCHOOL PHOTO OR
SNAPSHOT IS FINE.**

**[FOR IDENTIFICATION
PURPOSES ONLY.]**

ARE YOU WILLING TO DO PRAYER WALKS, FLYER DISTRIBUTION, PARTICIPATE IN KIDSQUEST USA OR KIDSMAX LIVE! AND BE A TEAM MEMBER WITH OTHER CHILDREN YOU MAY NOT KNOW? YES NO

ARE YOU WILLING TO BE A LEADER IN YOUR LOCAL CHURCH AFTER THIS EVENT? YES NO

CHILD'S SIGNATURE: _____ **DATE:** _____

PARENTS: Do you feel your child is ready to be challenged beyond the regular church programs? YES NO

FINANCE NOTE: IF STUDENT IS NOT APPROVED THE DEPOSIT WILL BE REFUNDED. IF STUDENT IS APPROVED THE DEPOSIT WILL BE APPLIED TO THE TRIP COST. CHECKS MUST BE MADE TO WNMD-PROJECT GO AND ARE TAX DEDUCTIBLE. FOR MORE INFO ON THE FINANCIAL POLICY PLEASE CONTACT DORIS AT 715-258-8118 OR EMAIL DORIS@WNMDAG.ORG.

PARENT INFORMATION

PARENT OR GUARDIAN MUST COMPLETE INFO BELOW AND PARENTAL CONSENT PRINTED ON THE REVERSE SIDE OR ATTACHED TO THIS APPLICATION

STUDENT IS LIVING WITH: BOTH PARENTS MOTHER FATHER OTHER _____

FATHER _____

MOTHER _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (_____) _____

DAYTIME PHONE (_____) _____

CELL PHONE (_____) _____

CELL PHONE (_____) _____

EMAIL _____

EMAIL _____

ALTERNATE EMERGENCY CONTACT

NAME _____

RELATIONSHIP TO PARTICIPANT _____

CELL PHONE _____

PASTOR APPROVAL PLEASE SIGN BELOW AND MAIL TO: **PROJECT GO! - P.O. Box 309 - WAUPACA, WI 54981**

PASTOR'S SIGNATURE: _____ **DATE:** _____

YOUR SIGNATURE INDICATES APPROVAL OF THIS STUDENT AS A QUALIFIED PARTICIPANT IN PROJECT GO! FOR MORE INFORMATION CONTACT DORIS AT 715-258-8118 OR EMAIL DORIS@WNMDAG.ORG

PLEASE COMPLETE PROJECT GO APPLICATION (3-PAGE FORM) AND MAIL TO: **PROJECT GO – P.O. BOX 309 – WAUPACA, WI 54981**

PARTICIPANT'S NAME: Last _____

First _____

Date of Birth _____

FAMILY PHYSICIAN

Name _____

Phone _____

INSURANCE INFORMATION Please check if you do not have insurance.

Camp insurance is accident-only coverage, secondary to personal insurance.

Insurance Company _____

Subscriber Number _____

HEALTH HISTORY

*Add a page with more detail if necessary.

NO CHRONIC HEALTH ISSUES

Does the Participant have any of the health conditions on the chart to the right?

Yes No **If yes check all that apply.**

Date of Last Tetanus _____

Immunizations current? Yes No

Does the Participant sleep walk? Yes No

Can the Participant swim? Yes No

NO DIET RESTRICTIONS

Is the Participant presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No **If yes, please explain:**

Please list any and all diseases, serious illness, injuries and surgeries the Participant has or has had: _____

Does the Participant have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? Yes No

If yes, please explain: _____

NO ACTIVITY RESTRICTIONS

MEDICATIONS

Does the Participant require any medications to be administered? Yes No

If yes, please list all medications with dosage, frequency/time and reason for dispensing.

NOT TAKING ANY PRESCRIPTION MEDICATIONS.

All meds must be in original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage/frequency.

OTC MEDS:

Permission is given for the following over-the-counter medications to be given to Participant as directed per age/weight—check box(es).

- Yes No Acetaminophen Yes No Pepto Bismal
- Yes No Tylenol Yes No Calamine Lotion
- Yes No Benadryl Yes No Antibiotic Ointment
- Yes No Robitussin DM Yes No Antacid(Tums,etc.)

MEDICATION	DOSAGE	FREQUENCY	REASON

MEDICAL TREATMENT AUTHORIZATION

We, the parents and/or guardians of Participant, understand that we will be notified in the case of a medical emergency involving the Participant. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Participant is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of the Participant, if required by law or a health care provider: Project Go director or his/her designee.

We, the parents and/or guardians of Participant, understand that 2017 Project Go and Wisconsin and Northern Michigan District Assemblies of God or any of their agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We hereby agree to hold harmless, defend and indemnify 2017 Project Go, its parents, subsidiaries and affiliates, board members, officers, employees, agents and volunteers from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of 2017 Project Go and Wisconsin and Northern Michigan District Assemblies of God (collective "claims"), that may be asserted by anyone and that has any relation to the Participant. It is our express intention to defend, indemnify and hold harmless 2017 Project Go and Wisconsin and Northern Michigan District Assemblies of God from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of Participant.

We agree to notify 2017 Project Go in the event of any health changes which would restrict the Participant's participation in any activities. We also understand that any 2017 Project Go representative reserves the right to restrict the Participant from any activity for any reason.

A photocopy or facsimile of this authorization shall be as valid as the original.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT'S NAME: Last _____ First _____ Date of Birth _____

MOTHER/GUARDIAN NAME _____ FATHER/GUARDIAN NAME _____

AGREEMENT FOR ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS AND INDEMNITY AGREEMENT

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact the Project Go director at 715-258-8118.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARENTAL CONSENT & AGREEMENT [Parent or Guardian please fill out as completely as possible.]

In consideration of my child's participation in the activities listed below on the date and at location above (herein the "Activity"): We, being the parents or legal guardians of the Participant named above (the "Participant"), do hereby consent to the participation of the Participant in the activities of 2017 Project Go. Team members will be transported from the training location at Camp Wilderness on the grounds of Spencer Lake Christian Center to activity locations and the ministry site at Coulee Community Church in Whitehall, Wisconsin. Activities include outdoor activities in which participants may be subject to hazardous plants and bites from insects, ticks, mosquitos, and spiders. Other activities may include swimming, bowling, relay games and team games. We hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, we certify that Participant is physically able and adequately trained to participate in such events, specifically swimming. We hereby understand and acknowledge the physical rigors associated with the above-referenced activities and understand that participation involves risks and dangers which include, without limitation, serious bodily injury, permanent disability, paralysis, death, inaccessibility of medical care, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of Spencer Lake Summer Camp, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). We understand these Risks may be caused in whole or in part by Participant's own actions or inactions, the actions or inactions of others participating in the activities, and knowing such, We hereby expressly authorize and give permission for Participant to participate in any and all of the above-referenced activities.

We DO NOT AUTHORIZE our child/Participant to participate in any of the following activities: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, WE BEING THE PARENTS/LEGAL GUARDIANS OF CHILD/PARTICIPANT AGREE TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING MY CHILD'S PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY WISCONSIN AND NORTHERN MICHIGAN DISTRICT ASSEMBLIES OF GOD AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

We hereby warrant that we have read this Agreement carefully, understand its terms and conditions, and acknowledge that we are giving up substantial legal rights by signing it. We acknowledge we have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS OUR OWN FREE ACT.

We understand and agree that no oral or written representations can or will alter the contents of this document. We agree that this agreement shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

A photocopy or facsimile of this consent and release shall be as valid as the original.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPH & VIDEO RELEASE

We, Participant's parents and/or legal guardian, hereby grant 2017 Project Go and Wisconsin and /Northern Michigan Assemblies of God permission to the rights of Participant's image, likeness and sound of Participant's voice as recorded on audio or video tape without payment or any other consideration. We understand that Participant's image may be edited, copied, exhibited, published or distributed and we hereby waive the right to inspect or approve the finished product wherein Participant's likeness appears. Additionally, we waive any right to royalties or other compensation arising or related to the use of Participant's image or recording.

We agree that 2017 Project Go and Wisconsin and Northern Michigan Assemblies of God may use such images of Participant with or without Participant's name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and web content.

We understand there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used and/or distributed.

We, the parents and/or legal guardian acknowledge that we have completely read and fully understand this release and agree to be bound thereby. It is our express intention to defend, indemnify and hold harmless 2017 Project Go and Wisconsin and Northern Michigan Assemblies of God from any and all claims arising out of, or resulting from, or in any manner relating to 2017 Project Go and Wisconsin and Northern Michigan Assemblies of God's use of Participant's image, likeness and sound.

A photocopy or facsimile of this authorization shall be as valid as the original.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____