

Emmaus Bible College - Event Form

Emergency Contact Information

Liability Waiver

Medical Release

Attendee Information

Name (please print): _____

Age as of today's date: _____ Attendee Cell Phone: _____

Address: _____

Specific medical allergies, illnesses, or conditions: _____

Contact in case of emergency:

Name (please print): _____

Cell Phone number: _____ Home Phone number: _____

Liability Waiver

I, _____, (event attendee) intend to use the facilities owned by Emmaus Bible College. By my signature below, I hereby acknowledge that:

1. Risk of injury or damage is inherent with the participation in any chosen sporting or active event and I agree to hold Emmaus harmless from injuries or damages that those under my care may sustain to the person or property as a result of our participation in these events.
2. I shall indemnify and hold harmless Emmaus from any claims of third parties for injuries or damages to the person or property of such parties resulting from any participation in this activity.
3. If any damage occurs by my party, I agree to pay up to the maximum cost required to repair the necessary equipment and/or facilities cost.

Attendee Signature: _____ Date: _____

If under 18, Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Medical Release for Attendees under 18

I hereby give my permission for the above-named minor to attend and participate in activities and events at Emmaus Bible College and to be transported to and from any events in authorized vehicles. I authorize qualified personnel to give medical care to the above-named minor as needed. It is understood that in case of serious illness or accident, the family of the student will be notified. However, should it be impossible to reach the family member or emergency contact, I hereby empower the authorities of Emmaus Bible College to authorize any emergency operation or procedure deemed necessary.

Parent/Guardian Signature: _____ Date: _____