

Southern Idaho Ministry Network Connect 2023 - Registration Form

Name _____ Date of Birth ____ / ____ / ____ Email _____ Church _____
 Address _____ City _____ State _____ Zip _____ Church Leader _____

For ADULT Attendee

WAIVER: I certify that this health history is correct to the best of my knowledge. I recognize that there are risks involved in participating in retreat and hereby assume all risk of injury, harm, damage, or death in connection to this event. To the fullest extent permitted by law, I release Southern Idaho Ministry Network AG (SIMN), its officers, directors, employees, agents and representatives from any injury, harm, damage or death which could occur and agree to save and hold harmless SIMN, its officers, directors, employees, agents and representatives from any claims arising out of my participation.

While I will be attending Thrive Connect, I hereby authorize any director, nurse or other responsible person to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care on the advice of any physician or surgeon licensed to practice in the United States, when such medical treatment is necessary. I understand I am responsible for the to pay for any medical treatment received.

I also give permission to SIMN to use photographs, multimedia images and/or recordings that I may be a part of in the best interest of SIMN.

Medical Insurance: _____

Policy #: _____

Signature: _____ Date: _____

Phone: (____) _____

WAIVER REQUIRED FOR ATTENANCE.
 Email to *Inelson@simn.ag* following registration
 -or- bring with you to retreat.

For MINOR Attendee

Are all IMMUNIZATIONS current with State's requirements? Yes No

Please discuss any mobility limitations - activity restrictions - special medical needs - dietary instructions that your student may have with church leader if parent not in attendance.

PARENTAL AUTHORIZATION: I, the undersigned, certify that I am the parent or legal guardian of (hereafter the "minor child"). I hereby give my minor child consent to attend the So. Idaho Ministry Network of the Assemblies of God (SIMNAG) Thrive Connect. I further certify that this health history is correct to the best of my knowledge and the minor child has permission to participate in all prescribed activities of the event, except where noted. I recognize that there are risks involved in participating and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his participation in this event. To the fullest extent permitted by law, I release SIMNAG, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the event and agree to save and hold harmless SIMNAG, its trus-tees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation.

Further, being the parent or legal guardian of the minor child, I give the church leader and/or retreat staff permission to transport her to the hospital in case of an emergency. I consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I also hereby give permission to the church leader or retreat staff to inspect the contents of any or all of my child's personal belongings and to withhold and/or dispose of any improper or illegal contents. Permission is also given to SIMNAG to use photographs (individual or group) and/or multimedia images and recordings in the best interest of SIMNAG.

Medical Insurance: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Relationship: _____ Phone: (____) _____

Health Information for Minor when Parent is NOT in attendance.

Physician _____ Phone _____ Date of last medical exam _____

Date of last Tetanus _____ Reason for exam _____

List any medical history we should be aware of (Allergies included) _____

Medications: _____

*Please be sure all medications are in original prescription containers. **MEDICATIONS are to be administered by church leader ONLY if Parent is not in attendance.***