



Quest: Youth 6th-12th Grade
October 27-29 at Frontier Ranch, Buena Vista, Colorado

Registration

Select One:

- Youth Participant (\$150)
- Adult Sponsor (\$150)
- Work Crew (No Charge)

Name: _____ Gender: _____ Grade: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: () _____ Email: _____ Birth date (m/d/y): _____ Age: _____

Church: _____ City: _____

Youth Leader: _____ Payment included? Yes No

If you would like a t-shirt, please indicate your size below.

Short Sleeve:

- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult 2XL

For Youth Participants:

Parent/guardian 1 Name: _____ Preferred Phone Number: () _____

Parent /guardian 2 Name: _____ Preferred Phone Number: () _____

For All Participants:

Emergency Contact (Name and Phone Number): _____

Please list any dietary needs, allergies, medical needs, or physical limitations, or any other information we should know:

Fall Quest 2017

Release of Liability, Consent for Treatment, Photo Release

AGREEMENT TO PARTICIPATE

To ensure that you and, in the case of youth participants, your parents understand and accept the risks of participation in Quest, you must indicate your understanding and agreement by signing on the appropriate lines below.

PARTICIPANT AGREEMENT

I affirm that my participation in the program is entirely voluntary, and understand that participation in the program involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in a game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the program staff prior to signing this Form. I also understand that, despite safety precautions, The Episcopal Church in Colorado cannot guarantee that I will not be injured. I agree to assume these risks. I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the program. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the program.

PARENT/GUARDIAN AGREEMENT (For Youth Participants)

I agree to allow my child/ward to participate in the program and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at Quest (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, The Episcopal Church in Colorado cannot guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the program.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE:

In consideration for permitting me/my child/ward to participate in the program, I **voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from Quest.

I. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the program, The Episcopal Church in Colorado or its trustees, officers, employees, agents, counselors, and staff (hereinafter referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the program.

MEDICAL RESPONSIBILITIES: I understand that I should obtain health insurance coverage prior to participating in the program. I further understand that I will be responsible for my medical expenses.

Liability and Release Waiver, Consent for Treatment, Photo Release (cont.)

CONSENT FOR TREATMENT: I hereby release the Episcopal Diocese of Colorado and its staff and sponsors from any responsibility and liability for any injury or illness that I/my child may sustain during Quest. In the event of an emergency, I hereby authorize an adult leader of Quest to act as an agent for me to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible.

PHOTO RELEASE: I give permission for photographs taken of me/my child/ward while participating in the program to be used in marketing/public relations material in the promotion of Quest.

Signature: _____ Date: _____

Parent Signature (if participant is less than 18 years of age): _____ Date: _____

Medical Insurance Company: _____ ID #: _____

Policy in the name of: _____

Questions? Contact the Office of Faith Formation at (303) 837-1173 or faith@episcopalcolorado.org.

Quest payments should be sent to:

The Episcopal Church in Colorado
Attn: Quest
1300 Washington Street
Denver, CO 80203