

PARTICIPANT REGISTRATION

Jesus Cares
A program of kingdom  workers.

*Welcome! We are excited for you to be involved in our Jesus Cares Ministries program.
Please provide the following information so we can ensure our program meets your needs.*

NAME _____ **BIRTHDAY** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

EMAIL _____ **CONTACT BY** _____ **PHONE** _____ **TEXT** _____ **EMAIL** _____

ALLERGIES/DIETARY RESTRICTIONS _____

MEDICAL ISSUES AND HOW WE SHOULD PREPARE FOR THEM _____

EMERGENCY CONTACT #1 _____ **PHONE** _____

EMERGENCY CONTACT #2 _____ **PHONE** _____

PUBLIC CONSENT

I understand that my participation authorizes this local program, Jesus Cares and its parent organization, Kingdom Workers of Waukesha, WI, to publish and share my, and/or my child's photograph, video image, and other public relations references, in any media outlet deemed necessary and appropriate. Including, but not limited to websites and other related digital formats. I understand that I may revoke my consent at any time.

(Participant's Signature)

(Date)

(Parent/Gaurdian's Signature)

(Printed Name)

(Date)

Release and Waiver Liability Agreement

As used in this Release and Waiver of Liability Agreement ("Agreement") the terms "I," "me," "mine" and "my" refer to the person obtaining volunteer services ("Services") from Kingdom Workers or from a church participating in a Kingdom Workers' program ("Program"). If the person is obtaining services on behalf of a minor child, that minor child shall be referred to as "my child" in this Agreement. If the person is obtaining services on behalf of a ward in that person's care, the ward shall be referred to as "ward". The terms "you," "your," and "Kingdom Workers" refer to WELS Kingdom Workers, Inc., and the term "Church" refers to the church providing volunteer services through the Program, if any.

By obtaining Services for myself, my child, or my ward, I acknowledge and agree to the following release and waiver of liability.

ASSUMPTION OF RISK

I am aware that the Services are performed on a volunteer basis, without cost to me, my child, or my ward, and agree to assume any and all risks of bodily injury, death, or property damage from my, my child, or my ward's receipt of Services. I further acknowledge that neither Kingdom Workers nor the Church is a medical provider and that neither Kingdom Workers nor the Church can give me, my child, or my ward medical advice or provide any information concerning the diagnosis or treatment of any health condition. I acknowledge that any information provided by Kingdom Workers or the Church is intended only for informational purposes and should not be relied on as medical advice.

I agree that I am responsible for me, my child's, and/or my ward's safety while receiving Services. I acknowledge that I am fully responsible for determining whether any suggestions made by Kingdom Workers or the Church in connection with the Services are appropriate for me, my child, or my ward from a physical or mental health, wellness, or physiological standpoint and that I will consult a qualified medical provider if I am uncertain as to the appropriateness of any suggestions.

WAIVER AND RELEASE OF LIABILITY

As consideration for being permitted to receive Services, I understand and agree on behalf of myself, my child, and/or my ward, to forever release, indemnify, hold harmless, defend, and discharge Kingdom Workers and the Church and any affiliated organization(s) of either, and each of their respective directors, officers, employees, volunteers, agents, contractors, attorneys, and representatives (collectively "Releasees") from any and all from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits (collectively "Claims") arising out of, related to or connected with my, my child's, and/or my ward's receipt of Services. I further waive for myself, my child, my ward, and either of our assignees, heirs, distributees, guardians, next of kin, spouses, and legal representatives any and all Claims I, my child, or my ward may have or which may arise in the future related to my, my child's, and/or my ward's receipt of Services.

Do you agree to terms of Release and Waiver of Liability Agreement?*

Yes No

By clicking "Yes" and typing your Name and Email Address below, you are declaring the following:

- You are at least 18 years old, or are a parent or guardian completing this form on behalf of you and your child or ward;
- You are signing these agreements freely and voluntarily; and
- You are agreeing to the terms of the above Release and Waiver of Liability Agreement.