



Parent/Guardian Waiver & Release for Minor Participation
Cardboard City – October 22-23, 2022

Please print in ink: Effective Dates: October 22, 2022 to October 23, 2022

Minor Participant's Name _____

Age: ___ Birthdate: ___/___/___ Male ___ Female ___

Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Parent/ Guardian Name: _____

Home: _____ Cell: _____

Parent/ Guardian Name: _____

Home: _____ Cell: _____

Emergency Contact: _____ Home:(____) _____ Cell:
(____) _____

Medical Insurance Company: _____ Name of

Insured: _____ Policy #: _____

Group # _____

The undersigned _____ (name of parent/guardian), the custodial parent or legal guardian of the above minor hereby represents that he or she is acting in such capacity and AGREES TO DEFEND, HOLD HARMLESS, AND INDEMNIFY FAMILY PROMISE OF OF NEWROCK, AND ANY OF ITS OFFICERS, DIRECTORS, TRUSTEES, AGENTS, EMPLOYEES, OR VOLUNTEERS (HEREAFTER COLLECTIVELY "FPNR " FROM ALL LIABILITY, LOSS, OR HARM THAT MAY OCCUR BY REASON OF THE MINOR'S PARTICIPATION IN THE CARDBOARD CITY EVENT. BY MY SIGNATURE BELOW, I ACKNOWLEDGE AND AGREE TO THE ABOVE WAIVER AND RELEASE AND GIVE PERMISSION FOR NECESSARY MEDICAL ATTENTION AS SET FORTH BELOW.

I give FPNR permission to seek whatever medical attention is deemed necessary, and release Family Promise of NewRock from any liability arising from personal losses related to the above minor. In the event that the above minor is injured and requires the attention of a medical professional, I consent to any reasonable medical treatment as deemed necessary by a licensed physician or other appropriate licensed medical professional. In the event treatment is required by a medical professional and/or hospital, and consent is provided by authorized FPNR personnel, I agree to hold FPNR personnel free of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care not reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate as of this date and will be updated prior to the event, if necessary.

Parent/Guardian Name: _____

Parent Signature _____

Date: _____

Telephone Number: _____