



RESkids Summer Adventure Camp Registration

Name of Parent or Guardian

Parent cell phone

Street Address

City, State and Zip Code

Parent or Guardian E-mail *

Emergency Contact (other than above)

Emergency Contact Cell Phone Number

List other authorized people who can pick up your child

Name	Phone	Relationship
------	-------	--------------

Pickup Person #1

Pickup Person #2

Pickup Person #3

How did you hear about Summer Adventure Camp?

I attend Resonate.

I was invited by someone.

I got a flyer.
Facebook.

Student's Name

Student's birthdate:

Student's Grade in Fall:

- K
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th

Student's T-shirt size:

- S
- M
- L
- XL

Any Allergy or Special Needs?

- Yes
- No

If yes, please describe:

Student's Health Insurance Company

Student's Health Insurance Company and Health Insurance Number

Others authorized to pick up your child:

Name	Relationship	Cell Phone #
Person 1:		
Person 2:		
Person 3:		

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes RESONATE and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless RESONATE and its elders, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this release discharges RESONATE and such persons from any liability or claim against RESONATE or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. RESONATE does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless RESONATE for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of RESONATE, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and RESONATE cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes Resonate Church, Fremont, California ("RESONATE"), acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect until revoked in writing by participant or participant's parent or guardian, as the case may be. RESONATE and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant's parent(s)/guardian(s), if applicable) will reimburse RESONATE for the reasonable cost of transporting participant from the event location to Resonate's Fremont office. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes RESONATE and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

By applying my electronic signature to this agreement, I agree that my electronic signature is the legally binding equivalent of my handwritten signature on paper. I will not, at any future time, claim that my electronic signature is not legally binding or enforceable. By electronically signing and submitting this agreement, I 1) acknowledge that I have read and fully understand the terms of the agreement; 2) voluntarily agree to be bound by this agreement; and

3) certify that I am 18 years of age or older. My signature applies to all pages of this contract. I understand that I will receive a Portable Document Format (PDF) version of this agreement after it is signed at the email address I have provided. To view the PDF document, I understand that I will need software that enables me to receive and access PDF files such as Adobe Reader software or other software capable of reading a PDF file. In order to print and retain a hard copy of this agreement, I understand that I will also need a printer connected to my computer. I understand that if I wish to sign a hard copy of this agreement instead of an electronic version, I must contact the party that requires my signature on this agreement directly.

I (we) certify that the information provided above is correct and I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.

Signature
