

Youth Group

REGISTRATION FORM

Please fill out all information for the student

Name: _____

Gender: ☐ Female ☐ Male Age: _____

Birthdate: _____ Grade in School: _____

Student's Email: _____

Student's Cell Phone #: _____

Address: _____

Allergies: _____

Emergency Contact: _____
(Name) Phone #

Emergency Contact: _____
(Name) Phone #

Date: _____



Release of Liability and Indemnification Form

I authorize St. Paul's United Church of Christ ("St. Paul's UCC") of Wausau, Wisconsin and its designees to transport my minor child in the St. Paul's UCC van or in a personal vehicle driven by an individual(s) authorized to do so by St. Paul's UCC.

I recognize that there are certain dangers and hazards associated with transport by motor vehicles. **In consideration of my child's participation in the motor vehicle transport, I RELEASE AND FULLY DISCHARGE St. Paul's UCC, its members, church council members, officers, ministers, employees, volunteers, agents, successors, and assigns (collectively, the "St. Paul's Releasees") from all claims, liability, damages, demands, actions, and legal fees relating to any injury, physical or otherwise, death, or property damage which is caused by any NEGLIGENT ACT OR OMISSION of any St. Paul's Releasee which may arise out of or in connection with my child's participation in the motor vehicle transport.**

I understand that this Release of Liability and Indemnification is intended to release and indemnify the St. Paul's UCC Releasees for any injury, death, or property damage caused by their negligence to the broadest extent allowed by law, but does not apply to injuries, death, or property damage which may arise out of intentional or reckless acts on the part of the St. Paul's UCC Releasees.

I am signing this Release of Liability and Indemnification Form voluntarily. I understand that I have the option of not having my child participate in the motor vehicle transport but that signing this Form is a condition of such participation.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND INDEMNIFICATION FORM AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS FORM, I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ST. PAUL'S RELEASEES FOR CERTAIN CLAIMS.

CAUTION: READ BEFORE SIGNING. THIS FORM AFFECTS YOUR LEGAL RIGHTS AND WILL BAR YOUR RIGHT TO SUE.

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Print Name of Child: _____

Date: _____