

Please Print Clearly and Provide All Information Requested.

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name Coach/Chaperone:	
Church:	Team Name:

Events ----

Fall Fellowship Reno

□ YM Weekend (formerly Trek/Journey Weekend)

DATE:

In consideration of my participation in NCANN [West Coast Honor Camp] Events and its related activities ("Event"), I am signing this Adult Coach/Chaperone - Liability Release & Consent.

Release of Liability

Prior to my involvement in the Event activities, I acknowledge that involvement in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation related activities. recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of foodborne illnesses and allergic reactions.

By signing this Adult Coach/Chaperone - Liability Release & Consent, I state that I am fully capable of my duties as a coach/chaperone as well as safely participating in Event activities, and I expressly assume all risks of my involvement, whether such risks are known or unknown to me at this time. I further generally release NCANN [West Coast Honor Camp] Events its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, and any of my heirs, family, estate, administrators, and personal representatives. I expressly agree that this Release is intended to be as broad and inclusive as permitted by law.

Consent to Medical Treatment

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Event.

List any food, drug or other allergies (If none, "None" or "N/A")

List any physical conditions (asthma, diabetes, etc.), and/or any necessary medications (If none, "None" or "N/A"):

Media Release

I understand that at this Event or related activities, I may be photographed. I agree to allow my photo, video or film images to be freely used for any legitimate purpose by NCANN Events and its assigns. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs/ videos by NCANN (West Coast Honor Camp) Events in its publications, websites, social media and print media. If identification is made, my first name and church name may be used.

General Provisions

I represent and warrant that I am over the age of 18 and have the full power and authority to enter into this Adult Coach/Chaperone - Liability Release & Consent. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate. If any portion of this Agreement is determined to be invalid or unenforceable under applicable law, the remainder of this Agreement shall remain valid.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Nevada and that this Release shall be governed by and interpreted in accordance with the laws of the State of Nevada, without regard to its choice of law provisions.

Adult Signature

Date

Contact Phone Number/Email

Name – Printed