



## General Participation Form

358 W Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: (906) 265-2117  
[www.cpbcc.com](http://www.cpbcc.com)

All participants **must have** this form completely filled out and sent prior or brought with them to Covenant Point.

### Participant Information

Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any limitations to participation? (physical, medical, behavioral):

\_\_\_\_\_  
\_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

Must provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of an allergic reaction, and permission to share allergy related information with appropriate staff.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other allergies (drug, environmental, etc.): \_\_\_\_\_

Other participation concerns: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### If Under 18

Parent / Guardian 1: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Guardian 2: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Guardian 1 Email: \_\_\_\_\_ Parent / Guardian 2 Email: \_\_\_\_\_

Participant Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Release and Waiver of Liability

#### General Release and Waiver of Liability

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Point to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature /  
Legal Guardian (if minor): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_