



Mennonite Church USA
CONVENTION
ORLANDO 2017

Children/Youth Medical Release Form

In order to ensure participation in the program and that pertinent medical information is available in case of an emergency, this form MUST be received by our office PRIOR to the convention. PLEASE SUBMIT BY MAY 15, 2017. Be sure to make copies of your completed and signed form to give to your Junior Youth or Youth Sponsor. They must have one copy with them during the week of convention.

Once you have completed and signed the form, please save it as a pdf file. Please save the file with Last Name, First Name and Program. The appropriate options would include: lastname_firstname_Youth; lastname_firstname_JrYouth; lastname_firstname_K-5; lastname_firstname_Preschool; and lastname_firstname_Infant-Toddler. If you are attending as a group, you will want to submit the form to your Contact Sponsor. They will then email a folder with all release forms labelled by congregation's name. Please send all forms to sarahc@mennoniteusa.org.

PARTICIPANT'S INFORMATION

Participant is: Infant/Toddler Preschool K-5 Junior Youth Youth

Registrant's Full Name _____ Female _____ Male _____

Age(as of June 30, 2017) _____ Date of birth (mm/dd/year) _____ Congregation _____

Home Address _____ City _____

State/Province _____ Zip/Postal code _____ Country _____ Home Phone _____

Parent/Guardian's Cell phone _____ Parent/Guardian's E-mail _____

EMERGENCY CONTACT: Parent/Guardian or sponsor who is attending convention with your child or youth.

Parent/Guardian or Contact Sponsor's Name _____

Parent/Guardian is attending convention as a/an: Adult Delegate Youth Sponsor Jr. Youth Sponsor Volunteer

Parent/Guardian/Contact Sponsor's Cell phone (during convention): _____

Primary Physician's Name: _____ Phone #: _____

CONSENT FOR EMERGENCY CARE:

In case of an emergency or injury while participating in a convention activity at ORLANDO 2017, I hereby give permission to the convention staff/sponsor/guardian to arrange for proper medical treatment, including anesthesia or hospitalization. Furthermore, I hereby waive, on behalf of myself and the above named registrant any liability of Mennonite Church USA and its staff (paid or volunteer), arising out of such medical treatment. I agree to be financially responsible for any medical bills incurred as a result of treatment. For participants in the Infant/Toddler, Preschool and K-5 programs, convention staff will make every effort to first contact the parent/guardian before seeking medical treatment.

Parent/Guardian signature: _____ Date: _____

Participant is covered by medical insurance: Yes No If yes, please list below:

Health Insurance Company Name _____ Policy No. _____

HEALTH INFORMATION: It is highly recommended that all immunizations are up-to-date prior to coming to ORLANDO 2017.

Does the participant have any allergies we need to know about (food, medicines, bee stings, etc)? Yes No If yes, please list: _____

Does the participant have any special needs (Food intolerance, hay fever, diabetes, asthma, visual or mobility limitations, developmental or behavioral issues, etc.)? Yes No If yes, please describe: _____

Other health information that the program staff needs to be aware of as they prepare for the week of convention _____

Date of last Tetanus shot: _____

Medical form, continued

Medications

List all the medications the participant will be taking:

Name of Medicine: _____ Dosage/Amount Frequency: _____

Name of Medicine: _____ Dosage/Amount Frequency: _____

Name of Medicine: _____ Dosage/Amount Frequency: _____

If participant is on short-term medication not mentioned above, please report this information when checking in.

Infant/Toddler, Preschool or K-5: Program staff/nurse will not administer medications to children in this age group. Parent/guardian will be with child/children at lunchtime so medications can be given during that time.

Junior youth: If the parent/guardian requests medications to be given by program staff/nurse to their junior youth, then those medication must be turned in to the program director upon arrival at convention. Medications must be in the original pharmacy container and include complete instructions.

Youth: Prior to convention, parent/guardian and sponsors need to discuss arrangements for administration of medications.

Please Note: Convention staff will not administer any over-the-counter medications (Tylenol, Advil, Tums, antibiotic ointment, etc.).

Additional Information for Nursery, Preschool and K-5 only.

Names of others at the convention with permission to pick up your child:

1) _____

2) _____

3) _____

Liability Waiver

I agree and acknowledge that I am participating in ORLANDO 2017, the Mennonite Church USA convention, on my own accord and at my own risk. I give this acknowledgement freely and knowingly and represent and warrant to you that I am physically and mentally fit to do so. I agree that I am able to participate in convention activities and do hereby assume responsibility for my own well-being.

I am fully aware that possible physical injury and even property loss might occur to me as a result of my participation in activities such as, but not limited to recreation, servant projects, field trips, blood donation, traffic issues, hotel safety, city dangers, exposure to illness, theft, et. al. I agree to assume full risk, including risk which is not specifically foreseeable, of any injuries including death, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with ORLANDO 2017, for any reason or by any cause including through the negligence of Mennonite Church USA and its agents.

In consideration of the right to participate in ORLANDO 2017, I hereby waive any and all rights or claims that I may have as a result of participation in ORLANDO 2017 against Mennonite Church USA and its directors, officers, employees, members, staff, volunteers, and all individuals assisting in instructing and conducting these activities, I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in ORLANDO 2017. I also agree that I will reimburse Mennonite Church USA for any medical and other expenses incurred on my behalf.

By attending ORLANDO 2017, I agree that Mennonite Church USA owns the copyright to photographs, videos, or recordings of me taken during convention or works derived from them, including but not limited to claims for either invasion of privacy or libel.

By entering ORLANDO 2017 areas and by participating in ORLANDO 2017 activities, you give consent to be photographed, filmed and/or otherwise recorded. Your entry/participation constitutes your consent to such photography, filming and/or recording and to any use, in any and all media throughout the universe in perpetuity, of your appearance, voice and name for any purpose whatsoever in connection with the production presently entitled: ORLANDO 2017 or Mennonite Church USA biennial convention.

If you do not wish to be recorded, you may want to leave the area while the video and audio taping is taking place. If any term or provision of this release is found to be unenforceable, the remaining terms and provisions shall remain in full force and effect.

____ By initialing this space, I certify that I have read and understood the Liability Waiver and Photo Release above. If under the age of 18, a parent/guardian must initial.

This Liability Waiver and Release is in regard to: (Participant's name) _____

Signed by: Participant or Parent/Guardian, if participant is under 18 years of age

Signature _____ Printed Name _____