



2018 Project Awestruck Registration Form

July 9-15, 2018

Participants must complete and submit this form along with registration payment to participate in the program. Forms and payment must be submitted (emailed or postmarked where applicable) by the registration deadline. Space is limited to the first 80 paid, completed registrations with either deposit (by May 1st) or full payment. **Adult participants must fill out a background check.**

Mail to:

Awestruck
8115 Oaklandon Road, Indianapolis, IN 46236

Scan and email to:

awestruckexperience@gmail.com

Registration Cost: \$270 per person (checks payable to **Holy Cross Lutheran Church**)

Non-Refundable Deposit: \$135 per person

Deposit Deadline: April 1st, 2018

Full Deposit Deadline: June 10th 2018 (If unpaid, spot reopens)

Price Increases to \$300 per participant if no deposit after April 1st or no final payment on June 10th (if space available)

Included in registration cost: Housing and meals for Project Awestruck, housing for Awestruck Festival, one Project Awestruck t-shirt, all activities, and one Awestruck Festival ticket

Participant Information:

Name: _____ Church: _____

T-Shirt Size : _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Initial each statement to designate consent and sign below to provide agreement between Awestruck and the participant for each initialed statement. Asterisks (*) indicate mandatory agreement for participation.

____ ***Participation Consent** - As a legal adult over the age of 18 or as legal guardian of the listed participant, I hereby consent to participation in the Awestruck Experience, including all projects, activities, and games.

____ ***Liability Waiver** - With the understanding that Awestruck and Holy Cross seek to provide a safe environment for all participants and volunteers, I hereby release the administration, employees, board members, and volunteers involved with the Awestruck Experience from liability for any damages and/or injuries suffered by any parties while under the instruction, supervision, or control of the Awestruck Experience including Awestruck and Holy Cross

____ ***Transportation Release** - I understand that transportation is provided by Awestruck Experience to all minor children by adult, volunteer chaperones. I hereby release the listed participant to be transported as the Awestruck Experience deems fit.

____ ***Medical Expense Waiver** - As a legal adult over the age of 18 or as legal guardian of the listed participant, I hereby agree to individually provide for any and all possible future medical expenses which may be incurred as a result of participation in the activities and projects of Awestruck Experience.

____ ***Code of Conduct Commitment** - I have thoroughly read and agree to abide by the Awestruck Experience Code of Conduct.

____ **Media Release** - I hereby consent for the likeness and image of the participant listed above to be videotaped, audiotaped, or photographed for promotional media, media releases, educational purposes, and historical documentation. I further authorize the Awestruck Experience and Holy Cross to use this media, in whole or in part, in any manner. I hereby waive any right to inspect or approve use of this media and release Awestruck Experience and Holy Cross from all liability that could result from its use.

I have thoroughly read each statement above and have initialed in the spaces to indicate my agreement:

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

OFFICE USE ONLY:	All forms completed	Y / N	Payment Received	Y / N
	Insurance Card Attached	Y / N	Dietary Needs	Y / N

Participant Medical Information and Release

Emergency Contact Information:

Emergency contact: _____ Relation to Participant: _____

Home Phone: ()- ____ - _____ Cell Phone: ()- ____ - _____ Work Phone: ()- ____ - _____

Home Address: _____ City: _____ State: _____ Zip: _____

Additional Participant Information:

Participant Social Security Number (optional) _____ Birth Date: ____/____/____ Age: ____ Sex: ____

Authorization for Medical Care (for participants under 18 years of age):

I, the undersigned parent and/or guardian of _____, hereby authorize Awestruck Experience or any qualified adult appointed by Awestruck Experience, to authorize any and all medical treatment for _____ that they in their discretion see fit. This includes, but is not limited to, treatment to relieve pain using over the counter and prescribed medicine, urgent care, surgery, dental care, and diagnostic tests. I also consent for the information contained in this form to be photocopied and given to necessary medical personnel for treatment. I fully understand the consequences of the above statements and sign this AUTHORIZATION FOR MEDICAL CARE knowingly, freely, and willingly.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

Medical Insurance Information: Please attach a copy of the medical insurance card to this form.

Insurance Company: _____ Insurance Company Phone: ()- ____ - _____

Policy Number: _____ Group Number: _____

Subscriber Name: _____ Social Security Number: _____ Birth Date: ____/____/____

Prescribed Medications:

Medications brought to Awestruck:

Name of Medication	Dosage	Times Given	Reason for Medication	Prescribing Physician
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Participant Allergies/Over the Counter Medication Restrictions/Dietary Needs:

Is there any other information that may influence participation in Awestruck events?