

WinterFest Permission Slip/Waiver & Indemnity Agreement & Authorization for Medical Treatment Form

Name of Participant: _____ (Please print) _____

For (Name of Event or Trip): WinterFest 2026: THE WAY Date: January 9, 2026-January 11, 2026

City: Mt. Bethel State: Pennsylvania

In consideration of your accepting me or my child for participation in the above named program, activity or sport, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages that I may have against the above named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sport sponsored by the above named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation. For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named program, activity or sport, I will personally indemnify, defend or hold harmless the organization and its agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

Authorization for Medical Treatment

This release and consent give Winter Fest Leadership and The Harbor Church permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give Winter Fest Leadership and The Harbor Church permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release Winter Fest Leadership and The Harbor Church, its staff (paid or volunteer), and all medical providers from liability in acting on my behalf in this regard rendering such medical treatment.

Note: I understand that my personal insurance is primary. I have read and understand this agreement.

I have read and understand this Agreement and have willingly placed my signature below as evidence of acceptance of all the conditions contained herein.

Current Medical Condition (Please Circle One) Good Fair Poor

List **any and all** medical conditions, allergies, of medical limitations that the child may be experiencing or has experienced in the past.

Are you allergic to latex? (Please Circle One) Yes No

Current Medications (Medications must be sent with participant in their original containers.)

Medication name + Dosage: _____

Health Insurance Co.: _____

Group No.: _____

Phone #: _____

Insured under whose name: _____

Participant's Doctor:

Phone #:

In an emergency, you may call the person listed below in the event a parent cannot be reached.

Name: Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Photo/Video Release

I further acknowledge that photos and videos taken of me during my participation may be used by Winter Fest and The Harbor

Church and/or their partner organizations at their discretion.

SIGNATURES

By signing you agree that the above statements are true and that you agree to abide by all of the rules, guidelines, codes of conduct, etc. as set forth by Winter Fest Leadership and The Harbor Church and their partner organizations.

Participant: _____

Date: _____

Parent/ Guardian: _____

Date: _____

Print Parent/Guardian Names: _____

Cell #: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____