



Event Title: Spring Fling 2016

Event Date and Time: Friday April 15th 6:00pm – Saturday 16th 7:00am

Event Coordinator: Jeremy Piehler Email: Jeremy.Piehler@smccutah.org

Location: South Mountain Community Church & West Valley City Family Fitness Center

Activities at Event: Indoor recreation activities, a concert, and swimming/ice-skating.

Name of Student: _____

Address, City, Zip: _____

Phone: _____ Male: Female:

School: _____ Grade: _____

Smcc Campus: _____ or Guest Of _____

Emergency Medical Registration

I hereby give consent to any emergency medical treatment deemed necessary by SMCC, CYN, West Valley Activity Center, and SMCC ministers, leaders, employees, volunteers, or agents of South Mountain Community Church (SMCC) during the above-mentioned student's involvement at this event. I recognize that when my child attends this event, he/she will be exposed to the physical risks involved in activities related to this event.

Release of Liability

By signing this form, I expressly warrant that my child is capable of withstanding both the physical and mental demands of the activities involved. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further agree to indemnify and hold harmless SMCC, K2 and its leaders, CYN and its leaders and other participants, West Valley Athletic Center and its employees, Buck Wild Mechanical Bulls, SMCC and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities, or as a result of transportation to and from or lodging associated with the activity.

Signature: _____

Parent Guardian

Numbers to reach parent/guardian _____

Health Insurance Company: _____

Health Insurance ID Number: _____

Health Insurance Group Number: _____

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