



# Nehemiah Partners of Sandusky Program Registration and Release Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Grade (2010-2011) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 1<sup>st</sup> Person to Contact in Emergency \_\_\_\_\_  
 Relation to Child \_\_\_\_\_ Phone # \_\_\_\_\_  
 2<sup>nd</sup> person to contact in emergency \_\_\_\_\_  
 Relation to child \_\_\_\_\_ Phone# \_\_\_\_\_  
 Special Instructions (any allergies, medical conditions, current medications)  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ My child is covered by medical insurance  
 Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_  
 Policy # \_\_\_\_\_

\_\_\_\_\_ My child is not covered by medical insurance: I, the undersigned, will assume responsibility for any medical expenses he/she incurs during participation in any Nehemiah Partners Program  
 Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Release Form For: \_\_\_\_\_

**Name of Participant :** \_\_\_\_\_

In consideration of your accepting me or my child for participation in the Nehemiah Partner programs, events, or activities, named below, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims against Nehemiah Partners of Sandusky and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of said programs, events, or activities, sponsored by Nehemiah Partners of Sandusky.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold Nehemiah Partners of Sandusky harmless of and from any and all liability of whatever nature which may rise out or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make a claim against Nehemiah Partners for damage arising out of the above named program, activity or sport, I will personally indemnify, defend, and hold harmless Nehemiah Partners and its agents, employees, representatives, successors, and assigns against any and all loss of damage occasioned thereby, including attorney's fees.

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

**Photo/Video Release:** At times Nehemiah Partners employ various communication media for the benefit of the community. Some examples may be: brochures, newsletter, website, newspaper, live and/or recorded audio and/or video, and television/radio broadcasts. Nehemiah Partners does not distribute the reproduction of student photos or videos to any other entity, unless expressly approved by a parent or guardian.

**Check ONE:** I  AUTHORIZE  DO NOT AUTHORIZE the use of visual or audio likeness of my child for presentation by the Nehemiah Partners.

**Big Brother/Big Sister Release:** **Check ONE:** I  AUTHORIZE  DO NOT AUTHORIZE the Nehemiah Partners to enroll, or verify the enrollment of, my child in the Big Brothers/Big Sisters of Erie County program.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Nehemiah Partners, PO Box 1880, Sandusky, OH 44870 or  
drop off at 1215 Campbell St.**