



AMEN St. Louis Form Checklist Groups with No Minors

Due with deposit:

- Registration Form (1 per group)

Due upon arrival:

- Hold Harmless (1 per group)
- Certificate of automobile liability coverage (1 per group)
- Roster (1 per group)
- Legal/Photo Release (1 per participant)
- Medical Release (1 per participant)
- Copy of health insurance card (1 per participant)



Hold Harmless - 1 Per Group

Oak Hill Presbyterian Church DBA AMEN St. Louis Hold Harmless Agreement

Oak Hill Presbyterian Church accepts no responsibility for damages or injuries which occur either on or off-site during AMEN House programs.

To the fullest extent permitted by law, _____, indemnify, and hold harmless Oak Hill Presbyterian Church dba AMEN St. Louis, including its directors, officers, employees, agents, volunteers, and representatives from and against all claims, losses, and expenses, including but not limited to reasonable attorney's fees, arising out of or resulting from any act, conduct, omission, negligence, misconduct or unlawful act (or act contrary to any applicable governmental order or regulation) of _____, its agents or representatives in complying with this Agreement. The foregoing includes, injury or damage to the property of Oak Hill Presbyterian Church, or any third party, whether or not subject to any policy of insurance.

_____ will inform Oak Hill Presbyterian Church of any damages or injuries occurring while on church property or in the course of activities away from the property within a reasonable timeframe.

_____ will provide Oak Hill Presbyterian Church with a certificate of insurance evidencing general liability and automobile liability coverage with limits not less than **\$1,000,000 (a combination of primary and excess limits is permitted) naming Oak Hill Presbyterian Church as an additional insured with respects to group activities during their _____ stay in AMEN House.**

Authorized Signature Date: _____



Roster - 1 Per Group - Please include every single visitor

Group Name: _____ **Date of stay:** _____

	First Name	Last Name	Cell	Medical or Dietary Needs / Allergies
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				



Legal and Photo Release - 1 Per Participant

Legal Release, Waiver, & Assumption of Risk

In consideration of being permitted to be on the property of AMEN St. Louis, a ministry of Oak Hill Presbyterian Church, 4111 Connecticut St., St. Louis, MO 63116, as well as being permitted to participate in volunteer or service activities which may or may not be affiliated with AMEN St. Louis or Oak Hill Presbyterian Church, the Undersigned does hereby agree with the following:

That neither AMEN St. Louis, nor Oak Hill Presbyterian Church, nor its owners, heirs, assigns, and agents, and any and all other persons or entities involved in its participating endeavors and activities, together with all subcontractors, employees or volunteers, SHALL BE LIABLE for any injury or death to the undersigned participant(s), their heirs, assigns and agents, or for any loss due to theft of or damage to their property or for any other consequential incidental damages caused in any manner whatsoever while they are on the property and participating in related endeavors and activities. That the Undersigned is voluntarily participating in this excursion, including in all related activities, as an individual, and is fully aware of the inherent health risks of such travel and activities. The Undersigned assumes full responsibility for any and all injuries or damages from participating in said endeavors and activities and facility use, which may occur during their stay. That the execution of this Release, Waiver and Assumption of Risk is continuing in nature, that it is his/her/their free and voluntary act. His/her/their decision to participate in participating endeavors and activities at AMEN House \is at the individual's own discretion, and that he/she/they is under no duress or undue influence.

Signature below verifies that each of the undersigned has read and fully understands the foregoing and further certifies that the information provided in his or her entry forms is true and complete:

Signature

Date

Printed Name

Group Name

Parent/guardian's signature is required if participant is a minor.

Permission for Video and Pictures

The participant and guardian do hereby grant and convey unto AMEN St. Louis all right, title, and interest in any and all photographic images and video or audio recordings made by or at the request of AMEN St. Louis during the group's stay, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

Signature

Date

Parent/guardian's signature is required if participant is a minor.



Medical Release, Page 1 - 1 Per Participant
Oak Hill Presbyterian Church DBA AMEN St. Louis

Medical Information

Name _____ Gender _____

Date of Birth _____ Name of Church/Organization _____

Primary Phone _____ Secondary Phone _____

Email address _____

Address _____

City _____ State _____ Zip _____

Covered by health insurance? YES / NO

If YES:

Insurance company _____

Carrier: _____ Policy # _____ Group# _____

Physician _____ Phone _____

Does your insurance carrier require a second opinion before emergency procedures are taken? YES / NO

If NO:

I am aware that _____ (participant) is not covered by a health insurance plan. I will assume responsibility for any health related expenses during his or her participation with AMEN St. Louis.

Signature: _____

Up to date on immunizations required by school (up to age 21)? YES / NO

Date of last TETANUS shot _____

Allergies (food, medication, insect bites, etc.) _____

Please list any physical or behavioral conditions that the program staff should be aware of:

Current medications _____



Medical Release, Page 2

Emergency Contact

Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Medical Release

I, the undersigned, hereby state the above to be true and accurate to the best of my knowledge. IN CASE OF EMERGENCY, I give my permission to the AMEN House Staff to select a physician or hospital, in order to secure proper treatment, to hospitalize and to order injections, anesthesia or surgery for the above named participant.

Signature

Date

Parent/guardian's signature is required if participant is a minor.