

PROEM MINISTRIES: RELEASE & WAIVER (MINOR)

This form is to be filled out in order for you to participate in all the programs with Proem Ministries.

Participant's Name: _____ Birth Date: _____ Phone: _____

Address, City, State, Zip: _____

Emergency Contact: _____ Phone: _____

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect Participant:

Medical Insurance: _____ Policy # _____

Will the medical insurance cover the minor out of the country? Yes ___ No ___

Other Medical Information or Health Concerns: _____

Physical limitations: _____

Medications (prescription or over the counter) _____

Allergies (medicine, food, insect): _____

Has the minor had any surgery in the past three years: ___ Yes ___ No

Travel Insurance Information: _____

I, _____, am the parent or legal guardian of _____ (minor name), who desires to participate in camp programs with Proem Ministries, serving with the partner church/school _____.

Regarding videos & photographs of the minor taken at any Proem event, I give Proem permission to do the following for nonprofit use and without charge: use at the discretion of Proem, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Proem publication with copyright to accompany photo when used, display on the Proem website, or use quotes and video clips on the Proem website or social media pages.

_____ **INITIAL**

Furthermore, I, for myself and the named participant on this form, and on behalf of my estate, heirs, executors and administrators do hereby fully release and discharge Proem Ministries, including their partners and affiliates, from any and all liabilities, claims, obligations, damages and causes of action whatsoever arising or growing out of my travel and/or participation in the programs of Proem. I also understand that I am responsible for all medical bills related to such activity for the participant. Should it be necessary for the minor to return home due to medical reasons or disciplinary action, I will assume total responsibility for all transportation costs to and from the event. I understand, that the minor is serving at their own risk and that Proem is not liable in the event of sickness, injury, accident, theft, terrorist acts or death.

I, hereby consent and authorize Proem Ministries, its partners, affiliates, agents and designees, to authorize any medical treatment deemed necessary while participating in any activity applicable to this form should the named parent/guardian/emergency contact be mentally and/or physically incapable of making such a decision. My signature likewise indicates that the information that I have provided on this form is true and accurate and that I have read this entire document, understand it completely and agree to the conditions and terms stated herein.

Print Full Name of Parent or Legal Guardian _____ Date: _____

Signature: _____

**PROEM SUPPORT MINISTRIES, INC. | 11601 MAIN ST. LOUISVILLE, KY 40243
GINA@PROEM.PL | PHONE: 502-254-5550 | PROEMMINISTRIES.ORG**