



# Cardboard City 2019

May 3-4, 2019 6:00 pm - 8:00 am Bethelview United Methodist Church

## Cardboard City Group Registration Form

Group leaders: Please complete this form as a cover form for your entire group and a small group registration for each seven youth that you have attending.

Each youth and adult must also have a completed Waiver & Release Form and a Permission to Photograph Form.

As this is an opportunity for service hours as the youth are spending time to raise funds to serve our families as well as advocating for families who are experiencing homelessness in our community, we will have service hours certificates available. Therefore, please use full names rather than nicknames or shortened names when registering youth. Should your youth need a different form completed, please be sure to turn that in on the night of the event so we can have it ready for you in the morning.

Please remember that while we will have security available and will make the event as safe as possible, you and your chaperones are responsible for supervision of your youth. Be sure to have emergency contact information, permission forms, etc. for each of your youth.

Group or Family Name: \_\_\_\_\_

Church or School Name: \_\_\_\_\_

Lead Adult: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Total Number Adults Attending:** \_\_\_\_\_

**Total Number Youth Attending:** \_\_\_\_\_

**Total Amount "Rent Raised":** \_\_\_\_\_

**Please return all forms and rent to:**  
**Family Promise of Forsyth County**  
**3335 Hutchinson Road, Suite D1**  
**Cumming, GA 30040**

### **Please note:**

All registration forms must be turned in no later than April 26, 2018.

To be guaranteed a t-shirt with \$30 registration, forms and payment must be turned in no later than April 19, 2018



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## Cardboard City Small Group Registration

Use one of these forms for up to seven youth and one adult

*\*Please print clearly*

Group or Family Name: \_\_\_\_\_

Church or School Name: \_\_\_\_\_

Lead Adult: \_\_\_\_\_

Adult Chaperone (for small group on this form): \_\_\_\_\_

(We recommend a 1:5 ratio of adults to youth, but 1:7 is required)

**Contact Information: Small Group Chaperone**

Phone: (cell) \_\_\_\_\_

Postal Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

	Team or Family Member Name	Age if under 18	Email	Amount Funds Raised	T-Shirt Size (t-shirt for those paying or raising at least \$30)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
<b>Total Raised by this Small Group:</b>					

Small Group Form # \_\_\_\_\_ of \_\_\_\_\_ for our entire group

For more information, contact Kim Maddox: [fk Maddox@gmail.com](mailto:fk Maddox@gmail.com) or 770-605-0045.



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## Waiver & Release Form

1. Applicants age 18 and over, complete Part A only.
2. Applicants age under 18 must have parent or guardian complete Parts A and B.
3. ALL Applicants/Racers must complete this form and bring proof of identification on race day.

**Part A - WAIVER & RELEASE FROM LIABILITY:** In consideration of being permitted to enter for any purpose any RESTRICTED AREA (herein defined as the areas to which admissions by general public spectators is prohibited), or being permitted to compete, officiate, observe, work for or for any purpose participate in any way in the event, EACH OF THE UNDERSIGNED, for themselves, his/her personal representatives, heirs, next of kin, acknowledges, agrees and represents that he/she has or will immediately upon entering any such restricted areas, and will continuously thereafter, inspect such restricted area or areas, and his/her participation, if any, in the event constitutes an acknowledgement that he/she has inspected such restricted area and has reviewed the conditions, requirements and the location of the event, and that he/she finds and accepts the same as being safe and reasonably suited for the purpose of his/her use and he/she further agrees and warrants, if at any time, he/she is in or about restricted areas or the location of the event and he/she feels anything to be unsafe, he/she will immediately advise the officials of such and will leave the restricted area(s) and/or will withdraw from the event.

1. **HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** Family Promise of Forsyth County Incorporated, Cumming First United Methodist Church, Forsyth County Consolidated Governments, City of Cumming, the promoters and sponsors, other participants, operators, assigns, heirs and the next of kin (hereinafter "Releasees") for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the restricted area, and/or competing, officiating in, observing or working for, or for any purpose participating in the event.
2. **HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the Releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing or working for or for any purpose participating in the event and whether caused by the negligence of the Releasees or otherwise.
3. **HEREBY ASSUMES FULL RESPONSIBILTY FOR AND ALL RISKS OF BODILY INJURY, DEATH AND/OR PROPERTY DAMAGE** due to the negligence of Releasees or otherwise while in or upon the restricted area and/or while competing, officiating, observing or working for or for any purpose participating in the event.
4. **EACH OF THE UNDERSIGNED** expressly acknowledges and agrees the activities at the event and in the restricted area are dangerous and may involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and if any portion thereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT,** and further agrees no oral representations, statements of inducements apart from the forgoing written agreement have been made.

This waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized or promoted by said Releasees during the entire season and applies to each and every event, or activity hereinabove mentioned, and has same effect as if executed after each and every activity or event in which the undersigned participates so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event hereinabove described.

_____	_____	_____
Participant Signature	Participant Printed Name	Date
_____	_____	_____
Witness Signature	Witness Printed Name	Date

**PART B- PARENT/GUARDIAN WAIVER- RELEASE FROM LIABILITY: If the applicant is under 18 years of age, the parent(s) or guardian(s) must execute in addition to the above, this following waiver.**

The undersigned, as the parent(s) and natural guardian(s) or legal guardian(s) of \_\_\_\_\_, do hereby represent he/she (they) is (are) in fact acting in such capacity and agree to save, hold harmless, and indemnify each and all of the parties herein referred to above as Releasees from all liability, loss, cost, claim, or damage whatsoever imposed upon said Releasees because of any defect in or lack of such capacity to so act and release said Releasees on behalf of both of the undersigned.

_____	_____	_____	_____
Signature	Printed Name	Relationship to Participant	Date
_____	_____	_____	_____
Signature	Printed Name	Relationship to Participant	Date



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## 2019 Permission to Photograph Form

I, \_\_\_\_\_, give permission to be photographed, filmed, and /or videotaped during 2019 events sponsored by Family Promise of Forsyth County, Inc. I understand the photos, films, and/or videotapes will be used by the broadcast, display, website, and /or publication of FPFC or its representative to promote its program and services; and in no way will be done in such a way as to exploit the persons so depicted.

I have read and I understand the above information.

\_\_\_\_\_  
Adult Participant's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

***(If participant is under age 18)***

I give permission for my child(ren) listed below to be photographed or videotaped during the event.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Child Name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_