

Cedar Rapids



Emmaus Ministries

## Emergency Information

### Remember, BRING forms to Check-in

Requested for all Participants & Team Members participating on a CREC Ministries Event

Participants Name: \_\_\_\_\_

This information is requested for **all** Participants. There have been medical emergencies concerning participants in the past that prompted this request. The information will be kept confidential.

Emergency Contact Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Best Reach Phone Number Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Please check appropriate box:

- I **am** covered by health/hospitalization insurance
  - Company name:
  - Group number:
  - Policy Holder:
  - Policy number:
- I am **NOT** covered by health/hospitalization insurance.

**Please sign the appropriate place.**

COMPLETE FOR ANYONE UNDER 18

I, the undersigned parent/guardian, of the above person, consent to their participation in a CREC Ministries Event. In the event I cannot be reached, I authorize any adult Member of CREC Ministries Team to act as an agent for me. They may consent to any medical or surgical treatment for my child/ward at a hospital, clinic or Doctor's office in the event of a medical emergency during the Event weekend or Team meeting. I will accept responsibility for any charges incurred.

**Participant over 18 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# RECOMMENDED PACKING LIST:

- TOOTH BRUSH / PASTE
- BATH WASH
- SHAMPOO/CONDITIONER
- LOTION
- DEODORANT
- FLOSS
- EYE DROPS/CONTACT SOLUTION
- Q-TIPS
- BRUSH/COMB
- TOWEL/WASH CLOTH/SMALL BATH RUG/MATT/TOWEL TO STAND ON
- HANGER AND CLOTHESPINS/CLIPS TO DRY TOWEL
- SHEET/BLANKET/SLEEPING BAG/PILLOW W/CASE
- MEDICATION
- PJ'S
- COMFY CLOTHES (NO DRESS CLOTHES NEEDED)
- FLASH LIGHT
- JACKET OR SWEATER FOR YOUR COMFORT
- PEN
- REUSEABLE CUP FOR BEVERAGES
- NO ELECTRONICS
- NO WATCH
- NO CAMERAS
- HANGER AND CLOTHESPINS/CLIPS TO DRY TOWEL
- SHEET/BLANKET/SLEEPING BAG/PILLOW W/CASE
- MEDICATION
- NO CAMERAS

**Cedar Rapids Emmaus Community**  
**COVID-19 Liability Waiver and Assumption of Risk**  
**(to be submitted during event pre-registration process) CREC Version 1 040922**

In consideration of being allowed to participate in Cedar Rapids Emmaus Community weekend events, below signed participant, and the participant's parent(s) or legal guardian(s) if the participant is a minor, agrees as follows:

1. I am aware that the novel coronavirus ("COVID-19") is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact..
2. I am familiar with the Center for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, which are located at <https://www.coronavirus.gov> and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day-to-day, and that the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates, and making informed choices to take precautionary measures to protect myself and others.
3. In addition to the CDC guidelines, I agree to abide by any and all policies or postings published to the general public at the Facility.
4. By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I (or my dependent, if the participant is a minor) may be exposed to or infected by COVID-19 during the weekend event, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during the weekend event may result from the actions, omissions, or negligence of myself and others.
5. I agree that, in the event that I suspect I became exposed to or infected by COVID-19 at the Facility and I elect to seek testing and/or treatment as a result therefrom, I will be responsible for payment of any and all medical services and testing services.
6. I voluntarily choose to assume all of the foregoing risks and accept sole responsibility for any injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my presence during the weekend event. I hereby release and hold harmless the Cedar Rapids Emmaus Community, their agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense (including but not limited to attorney's fees and disbursements) for injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my (or my dependent's, if the participant is a minor) presence during the weekend, even if arising from the negligence, acts or omissions of the released parties.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING BELOW I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant Signature/Date

Printed Name/Date

-----