



Children/Youth

Registration, Liability & Medical Release Form 2025

In order to ensure participation in the program and that pertinent medical information is available in case of an emergency, this form MUST be received by our office PRIOR to the Gathering. PLEASE SUBMIT BY JUNE 1, 2025. Be sure to make copies of your completed and signed form to give to your Junior Youth or Youth Sponsor.

They must have one copy with them during the week of Gathering.

**PARTICIPANT'S INFORMATION**

**CHURCH NAME** \_\_\_\_\_

Participant is: Infant/Toddler (0-2 yrs.)      Preschool (3-5 yrs.)      K-5      Youth  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Female \_\_\_ Male \_\_\_  
Age (as of 06/25/25) \_\_\_\_\_ Date of birth (MM/DD/YY) \_\_\_\_\_ Congregation \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal code \_\_\_\_\_ Country \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent/Guardian's Cell phone \_\_\_\_\_ Parent/Guardian's E-mail \_\_\_\_\_

**EMERGENCY CONTACT:** Parent/Guardian or sponsor who is attending the Gathering with your child or youth.

Parent/Guardian or Contact Sponsor's Name \_\_\_\_\_  
Parent/Guardian is attending gathering as a/an: Adult      Delegate      Youth Sponsor      Volunteer  
Parent/Guardian/Contact Sponsor's Cell phone (during Gathering): \_\_\_\_\_  
Primary Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CONSENT FOR EMERGENCY CARE**

In case of an emergency or injury while participating in a gathering activity at REGEN 2025, I hereby give permission to the gathering staff/sponsor/guardian to arrange for proper medical treatment, including anesthesia or hospitalization. Furthermore, I hereby waive, on behalf of myself and the above-named registrant any liability of Evana Network, Malone University and its staff (paid or volunteer), arising out of such medical treatment. I agree to be financially responsible for any medical bills incurred as a result of treatment. For participants in the Infant/Toddler, Preschool and K-5 programs, ReGen 2025 staff will make every effort to first contact the parent/guardian before seeking medical treatment.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant is covered by medical insurance: Yes      No      If yes, please list below:  
Health Insurance Company Name \_\_\_\_\_ Policy No. \_\_\_\_\_

(Be sure to sign Liability Waiver below as well)

# Medical Form (continued)

## HEALTH INFORMATION

It is highly recommended that all immunizations are up-to-date prior to coming to REGEN 2025.

Does the participant have any allergies we need to know about (food, medicines, bee stings, etc)? Yes      No

If yes, please list: \_\_\_\_\_

Does the participant have any special needs (Food intolerance, hay fever, diabetes, asthma, visual or mobility limitations, developmental or behavioral issues, etc.)? Yes      No

If yes, please describe: \_\_\_\_\_

Other health information that the program staff needs to be aware of as they prepare for the week of the Gathering:

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

## MEDICATIONS

List all the medications the participant will be taking:

Name of Medicine: \_\_\_\_\_ Dosage/Amount Frequency: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ Dosage/Amount Frequency: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ Dosage/Amount Frequency: \_\_\_\_\_

If participant is on short-term medication not mentioned above, please report this information when checking in.

**INFANT/TODDLER, PRESCHOOL, OR K-5:** Program staff/nurse will not administer medications to children in this age group. Parent/guardian will be with child/children at lunch time so medications can be given during that time.

**YOUTH:** Prior to REGEN, parent/guardian and sponsors need to discuss arrangements for administration of medications. **Please Note: Gathering staff will not administer any over-the-counter medications (Tylenol, Advil, Tums, antibiotic ointment, etc.).**

## Additional Information for Nursery, Preschool and K-5 only.

Names of others at the Gathering with permission to pick up your child:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## LIABILITY WAIVER

In consideration for allowing Participant (as identified above) to register and participate in activities on campus as part of a Gathering Group (as stated below), I/we as the Parents and/or Legal Guardians of Participant, on our behalf and on behalf of our Participant to the extent Participant is a minor, as well as on behalf of our and Participant's heirs, next of kin, assigns and personal representatives, do hereby agree to the following conditions:

**Acknowledgement of Risks:** I/we understand and acknowledge that participation in the Gathering and its activities are potentially hazardous activities that involve risk, inherent and otherwise, that cannot be eliminated and which may cause injury, illness, concussion, paralysis or death to Participant or other persons and/or damage to property. Some, but not all, of the risks associated with the Gathering activities include the negligence of Malone University, EVANA Network, Gathering Staff, other Participants, collisions or contact with others, premises problems, equipment failure, known or unknown medical conditions and improper use of equipment. I/We accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to the Participant's participation in Gathering activities and acknowledge that Participant is voluntarily participating in the Gathering and any Gathering activities even with knowledge of these risks.

**Release:** Acknowledging that these and other risks exist, I/We hereby RELEASE, DISCHARGE AND CONVEYANT NOT TO SUE Malone University and EVANA Network and each of its professors, students, officers, employees, trustees, representatives, managers, members, volunteers, directors, agents, insurers, attorneys, predecessors, successors, assigns, Gathering Staff and/or anyone else associated in any way with Participant's access Gathering participation (the "Released Parties"), from and against all claims, damages, injuries, losses, actions, suits, proceedings, product liability actions, wrongful death actions, warranty actions, breach of contract actions, loss of consortium claims, expenses and attorney fees that I/We, Participant or anyone on our or Participant's behalf (including but not limited to heirs, representatives or next of kin) have or might have for any death, injury, damage or claimed injury or damage arising out of, involving or relating to Participant's involvement in the Gathering activities including but not limited to, any claim that the act or omission complained of was caused in whole or in part by the strict liability or negligence in any form of the Related Parties.

**Indemnification:** I/We further agree to INDEMNIFY, HOLD HARMLESS AND DEFEND the Released Parties in any action or proceeding from and against all claims, damages, injuries, losses, actions, suits, proceedings, product liability actions, wrongful death actions, warranty actions, breach of contract actions, loss of consortium claims, expenses and attorney fees that I/We, Participant or anyone on our or Participant's behalf (including but not limited to heirs, representatives or next of kin) have or might have for any death, injury, damage or claimed injury or damage arising out of, involving or relating to Participant's participation in the Gathering activities, or for our or Participant's failure to comply with the terms of this Agreement. This agreement to indemnify, hold harmless and defend applies even if the act of omission complained of was allegedly caused in whole or in part by the strict liability or negligence in any form of the Released Parties.

**Code of Conduct:** I/We agree to conduct ourselves during the conference period in a manner that is consistent with Malone University and/or Evana Network's values. This includes, but is not limited to the following:

Promote daily living under the Lordship of Jesus Christ and the authority of Scripture.

1. Adapt to different cultural and social environments with sensitivity to others regarding appearance, conduct, values, and traditions.
2. Seek to nurture the emotional, social, spiritual, and physical well-being of others.
3. Show respect for all life as demonstrated in the Biblical teachings about peacemaking, nonviolence, compassion, and stewardship of creation.
4. Reserve sexual activity for holy matrimony, a covenant between one male and one female for life, and refrain from advocating for other sexual activity or practice.
5. Refrain from gambling, viewing pornography and/or taking illegal substances.
6. Refrain from possession or use of alcohol.

7. Refrain from distribution of tobacco products, and from use of tobacco products on campus.
8. Stay off dormitory floors designated for the opposite sex.
9. Only wear clothing that does not undermine any of these values.
10. Engage in no protest or demonstration of any sort for the purpose of undermining these values.
11. Follow the laws of the United States, the state of Ohio, and the city of Canton.

Any conduct that does not align with these values is grounds for immediate dismissal from the conference and removal from the campus at the sole discretion of the Malone University and/or EVANA Network staff and volunteers without monetary refund of any kind. Any illegal activity will be reported to campus police and could result in arrest and/or prosecution.

Publicity Release: I/We authorize and irrevocably grant to Malone University and EVANA Network permission for Participant's photograph/image to be used in future University, Network and/or Gathering brochures, publications, newsletters, news releases, other printed materials and in materials made available on the Internet or in other media now known or hereafter developed.

I/We have read and fully understand this Malone University and EVANA Network Gathering Registration, Waiver, and Release of Liability Form and agree to be bound by its terms. I/We understand that by signing this document I/We are waiving certain legal rights for the Participant and us, including the right to sue the Release Parties.

I/We sign this document on behalf of the Participant and us freely and willingly.

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Parent and/or Guardian of Participant's Signature

Date MM/DD/YY

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Printed Name

Each party agrees that this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this form or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Yes                      No