



FORMS





"HANDS-ON" MEDIA EXPERIENCE LIST OF FORMS:

- Application card**
- Registration form**
- Age release if applicable**
- Medical information and release**
- Flight itinerary (if applicable)**
- Driving itinerary (if applicable)**
 - applicable if having a car on campus**
 - make and model**
 - Your car's vin number**
 - Driver's License**
- Photo of self (within 30 days)**

"Hands-on" Media Registration Form

General Information

Full Name: _____

Date of Birth: _____

Address:

Parent/Guardian: _____

Relation: _____

Address:

Phone Numbers:

Home: () _____ Work: () _____

Other: () _____

insurance

Insurance Carrier: _____

Insurance Phone Number: () _____

Policy Number: _____

Coverage Type: _____

Policy Holder's Name: _____

Holder's Social Security Number: _____ - _____ - _____

Medical Release Form

Whereas _____
wishes to be a member of the Teen Mania (full legal name of participant)
Ministries Center for Creative Media's "Hands-on" Media Experience Program
whereas certain circumstances and situations may occur resulting in participant's
need for medical/dental care and treatment.

Therefore;

1. In consideration of permission for the above stated to participate in said "Hands-on" Media Experience, I, _____, being of legal age, authorize any agent of Teen Mania Ministries, Inc., or any agent of any medical facility, to act in behalf of the participant should he/she be unable to do so and to consent to reasonable medical/dental Care and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for participant's medical well being for the duration of the program.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in the participant's behalf.
3. Any consent by Teen Mania Ministries, Inc., or any agent of Teen Mania Ministries, Inc., shall have the same force and effect as if I had personally given consent.
4. I am aware that serious illness or injury, requiring return by air ambulance could cost more than \$10,000 and that coverage for this type of service is not covered by any health plan available through Teen Mania Ministries. I agree that I am solely responsible for any expenses that may arise from participant's return by air ambulance or other extraordinary means.

5. I hereby release and hold harmless Teen Mania Ministries, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of the participation in this program.

Signature of parent/guardian (if participant is 17 years of age or under)

Date _____

signature of participant Date _____

To be completed by a notary public:

State/Province of _____

County of _____

Before me, the undersigned, a Notary Public in and for said county and state/province on _____, personally appeared

_____ the identical person who

(place full date here) (full legal name of participant)

Notary Stamp

executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and seal of office the day and year above written.

Signature of notary public

my commission expires (if applicable): _____