

Student Information

Date _____

First Name _____ Last Name _____

High School Attending _____ Grade _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____

Student's Email _____

Parent/Guardian Information

Father's/Guardian's Name _____

Phone number _____

Email _____

Mother's/Guardian's Name _____

Phone number _____

Email _____

Please complete this **Registration Form**, the **Intake Form**, and the **Medical and Liability Release Forms** and mail them, along with the registration fee of \$200 to:
(Make checks payable to Renovation Ministries)

Renovation Ministries

C/O Sharon Prosch
1868 S Rustic Mill Pl
Boise, ID 83709

- I would like to purchase a T-shirt for a donation of \$16:
- ___ Small
 - ___ Medium
 - ___ Large
 - ___ X-Large



TEEN



Medical and Liability Release Form

Participant's Name: _____ Teen Renovation Dates _____

Date of Birth: _____

The person named above has the following medical needs, conditions, or allergies (List below):

Describe your overall health and names of any medications you are taking.

Does the person named above have medical insurance? _____ Yes _____ No

If yes, provide Insurance Company's Name: _____

Policy number: _____ Group number: _____

Phone number for contacting the insurance company: _____

I / We the undersigned do hereby give permission to Renovation Ministries, LLC representatives to obtain any necessary medical treatment for the person named above during the conduct of this **Teen Renovation training on the dates of:** _____

Signature of participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Liability Release Information

I give my permission for the below minor to participate in Teen Renovation hosted by the Renovation Ministries on

(Date M/D/Y) _____. All activities and events sponsored by Renovation Group Ministries, in the event of an emergency where medical treatment is required; I give permission to the staff and/or adult leadership to obtain the services of a licensed physician. In the event medical treatment for injury or illness becomes necessary, I and/or my personal insurance will be responsible for costs incurred. I acknowledge that I am (we are) freely and voluntarily participating in any activity associated Renovation Group Ministries, Event/s. I (we) fully acknowledge that there are risks inherent with Renovation Group Ministries, activities, including but not limited to sports, team games, exercises, and other outdoor activities, and I (we) hereby assume all responsibility for any losses and/or damages, to myself, whether caused in whole or in part by myself or others; I (we) fully understand and appreciate the hazards and risks of the aforementioned activities and I am (we are) willing to accept all the hazards associated with this event. I (we) on behalf of my personal representative, my heirs, and myself voluntarily agree to release, waive, discharge, hold harmless, and indemnify the officers, directors, members, volunteers, employees, agents, or leadership of Renovation Group Ministries from any and all liability or claims in the event of injury, death, or property damage to myself or others from any cause during my participation in this event. I (we) specifically understand that I am (we are) releasing, discharging and waiving my claims or actions that I (we) may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, and volunteer of Renovation Group Ministries I (we) have read the above waiver and release, and by signing it agree to its terms. It is my intention to exempt and relieve Renovation Group Ministries and individuals from liability for personal injury, property damage or wrongful death caused by negligence or other cause.

Participant _____ Date _____
(Name)

Parent/Guardian _____ Date _____
(Name)

In the event of an emergency, list phones numbers you will be able to be reached at.

Teen Renovation Intake Form

Students, please complete this document to best of your ability and mail it in with your Medical and Liability Release Form and Registration paper work.

Name: _____ Age: _____ Grade: _____

Have you attended an experiential training before? Yes / No (Circle one) If yes, briefly explain:

Are you related to anyone going to this training (including leadership)? Yes / No (Circle one)

If yes, give name(s) & relationship: _____

How did you hear of Teen Renovation? _____

What do you hope to gain from this training? _____

On a scale of 1-10, how well do you respond to authority? (Circle one and explain)

1 2 3 4 5 6 7 8 9 10

What are your favorite pastimes? _____

What are your feelings towards school and learning? _____

Are you involved in any extra-curricular activities? (Example: sports, drama, music) Explain:

What gives you real pleasure and contentment in life? (Activities, things, persons, situations) _____

Describe your impression of how you look? _____

Do you attend a church? If yes, where do you attend? _____

What physical exercises do you do (If any)? _____

Do you have any physical limitations? If so, describe them: _____

What kinds of situations, persons, or activities make you uncomfortable, unhappy, tense, or angry?

How are you likely to respond when you become uncomfortable, unhappy, tense, or angry?

How would a person who knows you well describe your strengths? _____

How would a person who knows you well describe your weaknesses? _____

What is working well in your life right now? _____

What is NOT working well in your life right now? _____

Please rate yourself in the following areas (Place a number in the space provided for each subject):

(1 – I need help 2 – I could do better 3 – I do ok 4 – I’m great with this)

_____ Personal hygiene _____ Care of personal belongings _____ Following instructions

Are there any concerns you have about this training? _____

Thank you for taking the time to answer these questions. The Renovation Coach and Coach Assistants (CA's) are looking forward to sharing this experience with you.

(Participant Signature)

Date

**THIS IS A RELEASE OF LIABILITY.
READ IT CAREFULLY AND COMPLETELY BEFORE SIGNING.
CORONA VIRUS/COVID-19 ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE,
WAIVER, AND DISCHARGE**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an asymptomatic individual can be infected with and transmit COVID-19 without their knowledge.

Renovation Ministries (RM) has put in place preventative measures recommended by the State of Idaho to reduce the spread of COVID-19, however, RM cannot guarantee that you, your child(ren), your spouse, or anyone else will not become exposed to or infected with COVID-19 as a result of participating in a RM program, event, or activity.

Participation in an RM program, event or activity could increase the risk of contracting COVID-19. NOW, THEREFORE, in consideration of being permitted to participate in programs, events and/or activities offered by RM, I understand, acknowledge, and agree to the following:

I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 and have determined to participate in RM programs, events, and/or activities with full knowledge and acceptance of the risk.

Fully understanding these risks, I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, or after participating in an RM program, event, or activity.

I, for myself, my child(ren), my spouse, my legal representatives, heirs and assigns, hereby waive, release, and discharge RM, its officials, employees, volunteers, attorneys, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, illness, permanent disability, and/or death, whether caused by negligence of RM or its officials, employees, volunteers, attorneys, and agents or otherwise, which claims, losses, and demands arise during or result directly or indirectly from exposure to or infection with COVID-19 before, during, or after participating in an RM program, event, or activity.

Signature of Participant or Parent/Guardian (Date)

Print Name of Participant or Parent/Guardian

Name of Participant(s) (if applicable):
