

# April Character Camp Registration

Please fill out the form below, print to PDF, and email to [faithfrontierministries@gmail.com](mailto:faithfrontierministries@gmail.com).

## General

Full name

Other participants (with ages if under 18)

Email

Mailing address

Mobile phone

Notes (allergies, medical conditions, etc.)

# Emergency Contact

Emergency contact's full name

Emergency contact's phone

## Pricing

Suggested Donation

- ☐ Family - \$650
- ☐ Couple - \$400
- ☐ Single - \$200
- ☐ Other - \$\_\_\_\_\_

Payment method (mail to 18122 129th PL NE Bothell, WA 98011)

- ☐ Cash
- ☐ Check

\*Please direct payments to Faith Frontier Ministries.

Amount due

Date paid

# Waiver and Medical Release

I hereby state that I am 18 years old or older. I hereby release Peniel Ranch and its officers, directors, and agents from any and all civil liability should any accident or injury happen to me or my family while attending this event. In case that I should become unconscious or unable to communicate, I give my permission to be treated by the nearest available medical facility. I understand that I am responsible for my own accident/health insurance.

Date

Signature

Guardian signature (if under 18)

# Photo/Media Release

I hereby grant Peniel Ranch/Faith Frontier Ministries the right to take and publish any and all pictures or videos taken of me and of the Minor(s) listed below to be used in and/or for any lawful promotional materials including newsletters, fliers, posters, brochures, advertisements, annual reports, websites, YouTube and Facebook. Names will not be mentioned.

I hereby release Peniel Ranch/Faith Frontier Ministries from all liability, which I, my heirs, or any other persons may make while acting on my behalf or on behalf of Minor(s).

I warrant that I am of full age and have every right to contract for Minor(s) in this regard. I state further that I have read the above release and that I am fully familiar with its contents.

Name

Minors (with Date of Birth)

Date

Signature