



## Leadership for Life Base Camp

Friday, August 6, 2021  
9:00 AM – 3:00 PM

### Registration Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) / Guardian(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Fall 2021 Grade: \_\_\_\_\_

Allergies and / or Dietary Restrictions: \_\_\_\_\_

Adult T-shirt Size: S M L XL

### Emergency Contact

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

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Return completed registration, signed waiver, and \$20 check (payable to GRRTL) to:

Grand Rapids Right to Life  
2340 Porter Street SW  
Wyoming, MI 49519

Deadline: July 30, 2021

## Agreement of Release and Waiver of Liability

I recognize and understand that there are certain inherent risks to which my child will be exposed because of the nature of the activity for which I have registered them.

I understand and agree that Grand Rapids Right to Life, their agents and officials, assume no responsibility for injury or illness that may be sustained as a result of my child's participation in the Leadership for Life Base Camp.

I also give my permission for Grand Rapids Right to Life to use or distribute, without limitation or obligation, any record of the Leadership for Life Base Camp that includes my child's voice or image.

As evidenced by my signature, I hereby for my heirs, administrators, and assigns, release, waive, and hold harmless Grand Rapids Right to Life and the Leadership for Life Base Camp from any manner of claims or lawsuits that may result from my child's participation in this event.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Treatment / Emergency Care Authorization

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this camp, and that I will be notified as soon as possible in the event of an emergency.

In the event my dependent \_\_\_\_\_ is injured or ill while attending the camp, I authorize Grand Rapids Right to Life to provide first aid, make medical decisions, and provide any measure deemed necessary to preserve the health or life of my dependent, including contacting an Emergency Medical Service and arranging for transportation to the nearest appropriate medical facility.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name