

Fort Collins

Annual Medical & Liability Waiver and Proxy Authorization

Effective Dates: January 1, 2026 – December 31, 2026

Participant or Parent/Guardian Authorization Form for Participation in Antioch Wilderness Ministry Activities

Participant's Information:

Full Name:

Date of Birth:

Grade & Age:

Address:

City/State/ZIP:

Primary Phone:

Parent/Guardian Information (if applicable):

Name(s):

Relationship to Student:

Emergency Contact Number:

Secondary Contact Number:

Email Address:

Consent to Participate

I, the undersigned, agree to participate in all activities sponsored by Antioch Wilderness Ministry during the 2026 calendar year. This includes (but is not limited to) off-site, day and overnight backpacking and/or camping trips, as well as off-site day or overnight rafting trips and transportation to and from such events.

(for minors) I, the undersigned parent or legal guardian of the above-named student, give permission for my child to participate in all activities sponsored by Antioch Wilderness Ministry during the 2026 calendar year. This includes (but is not limited to) off-site, day and overnight backpacking and/or camping trips, as well as day or overnight rafting trips and transportation to and from such events.

2. Medical Authorization

In the event of a medical emergency, I authorize the guides/leaders of Antioch Wilderness Ministry to obtain emergency medical treatment for myself/my child in the event I/emergency contacts cannot be reached. I understand that a reasonable effort will be made to contact me (parent/legal guardian) before such action is taken.

I hereby authorize any hospital, physician, or medical personnel to administer treatment, including anesthesia and/or surgery, for myself/my child in case of accident or illness during any wilderness ministry activity.

Insurance Information:

Insurance Provider:

Policy Number:

Group Number (if applicable): _____
Family Physician Name & Phone: _____
Known Allergies: _____
Medications: _____
Special Medical Conditions: _____

3. Liability Waiver

I understand that participation in wilderness ministry activities, including but not limited to travel, outdoor activities including but not limited to hiking, rock climbing, swimming, and rafting and off-site trips may involve risk of injury or illness. I release and hold harmless Antioch Community Church Fort Collins and Antioch Wilderness Ministries, its pastors, staff, volunteers, agents, guides, leaders, and representatives from any liability, claims, demands, or causes of action arising out of or related to any injury, illness, damage to self or personal/borrowed property, or loss sustained by myself/my child during participation in Wilderness Ministry-related events.

4. Proxy Signature Authorization

By signing below, I give permission for the guides and leaders of Antioch Wilderness Ministry, to act as my/my child's proxy in signing event-specific release forms, waivers, and consent documents on my behalf for any church-sponsored Wilderness Ministry event during the 2026 calendar year.

I understand that I will be notified in advance of each event, and this proxy authorization does not replace my right to revoke consent for specific events by providing written notice to the ministry staff.

5. Media Release (Optional)

I DO give permission for my/my child's photo/video to be taken and used for church-related and/or wilderness ministry-related promotional materials, social media, or website.

I DO NOT give permission for my/my child's photo/video to be used.

Participant or Parent/Guardian Signature:

Printed Name:

Date:

Student Signature (if 18 years of age or older): _____

Date: _____

Church Use Only:

Received By: _____

Date Received: _____

Filed in: Digital / Paper / Both