



Progressive Radically Progressive Radically Inclusive Student Ministry
University of Colorado at Boulder

2009 WORKTRIP REGISTRATION FORM

Today's Date: _____

Name: _____ Nickname: _____ Sex: _____ Birth date: _____

Off-Campus Address: _____
Street City State Zip Code

Phone: _____ Email Address: _____

Parents Phone: _____ Parent(s) Email: _____

Class Standing: _____ (First Year, etc.) When do you anticipate graduating: _____

Major/Intended Major: _____ Are you a Vegetarian? YES NO

Other special dietary needs we need to accommodate? _____

In case of emergency please contact: **Medical Release**

Name: _____ Relation: _____ Phone: _____

Name of Physician: _____ Physicians Phone: _____

Medical Insurance Plan: _____ Insurance No. _____

Please list any illness or health condition you may have which we should be aware of: (ex: asthma, heart condition, allergies etc.)

Release of Liability

I, the undersigned, acknowledge and fully understand the dangers and hazards inherent in activities inside and outside of the State of Colorado. In consideration of the services provided by PRISM/United Ministries in Higher Education, I hereby assume all the risks and responsibilities arising from my participation in the 2009 Worktrip and, for myself, my heirs, and person representatives, absolutely and unconditionally release and discharge PRISM and all of its staff from any and all claims, demands, and rights of causes of action which may arise from my participation in any Campus Ministry function or event, inside or outside the State of Colorado. I have caused this release to be executed during the scheduled days of the 2009 Worktrip.

SIGNATURE: _____ DATE SIGNED: _____

OFFICE USE ONLY
Date Form Rec'd: _____ Fundrasing Task: _____
Fundraising Participation: _____
Date Form Rec'd: _____ Other Paymt. Rec'd: _____ Paymt Amt: _____
Paymt Form: _____ Paymt Rec'd By: _____