



PO Box 27
2330 Hinton Center Road
Hayesville, NC 28904
(828) 389-8336
TF (866) 389-8336
Fax (828) 389-3279
www.hintoncenter.org

Staffer-in-Training (SIT) Event – January 13 - 16, 2023

PARTICIPANT'S INFORMATION

Name: _____ DOB: ___/___/___ T-Shirt Size: _____

Mailing Address: _____ City, State, Zip: _____

Physical Address (if different): _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Current Grade (please indicate if college or high school): _____

Why are you interested in SIT? _____

PARENT/GUARDIAN INFORMATION (IF UNDER 18)

Parent/Guardian Name: _____ Preferred Phone: _____

Parent/Guardian Name: _____ Preferred Phone: _____

I understand that students will be in lodging facility with full-time Hinton staff. Initial: _____

OTHER INFORMATION

Emergency Contact (Other than Parent/Guardian): _____

Phone Number: _____ Relationship to Individual: _____

All known allergies (non-dietary) and their _____

Food allergies and/or dietary _____

MEDIA RELEASE & WAIVER: I/We give permission for the images of myself/my child, through photography, videos or other likeness, to be used by Hinton Rural Life Center for the purpose of promotional materials. I further release Hinton Rural Life Center from any liability associated with promotional use of these images. I/We release any claim to said images, and acknowledge that they are the sole property of and are copyrighted by Hinton Rural Life Center.

Participant/Guardian Signature _____ Date _____



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CONSENT/MEDICAL CARE—AUTHORIZATION and RELEASE

PARTICIPANT NAME (print full legal name) _____

I, the undersigned, hereby affirm to Hinton Rural Life Center, Inc. (hereinafter Hinton) that I hereby register to attend and participate in the 2023 SIT event to Hinton, located in Hayesville, N.C.

AUTHORIZATION FOR MEDICAL CARE

In the event that a medical emergency befalls me during the event, wherein I am unable to communicate regarding which medical facility/physician/dentist to be used and to consent to medical/dental treatment, I hereby direct that Hinton attempt to contact the following adult person(s) and that Hinton follow direction given by said person(s), regarding matters in the paragraph above.

_____	() _____	_____
Print name	Telephone number	Relation to participant
_____	() _____	_____
Print name	Telephone number	Relation to participant

In the event Hinton is unable to contact the individuals named above for direction/consent within sufficient time as determined by Hinton, or if the physician/dentist does not deem said person(s) named above legally capable of consenting to medical/dental treatment, I hereby authorize Hinton, its officers, employees, and agents: to select a medical facility/physician/dentist and to cause me to be transported to same and to consent to medical/dental treatment as recommended by the physician/dentist including but not limited to administration of anesthesia, diagnostic medical procedures and testing, performance of operations, and other actions, but not including withdrawing or withholding life support.

RELEASE

I acknowledge that I will be participating in event and mission activities including but not limited to: traveling in vehicles; home repair and rehabilitation (such as general carpentry, use of electric powered tools and hand tools, painting, climbing ladders with and without supplies, working in high places, and other construction related activities); recreational activities (such as swimming, team and individual sports, etc.); residing in Hinton facilities; dining at Hinton facilities.

I acknowledge that I have read and understand the contents of the Hinton Mission Experience Rules, Regulations, and Guidelines and Medical Information and that copies of same have been provided to me by the mission trip group sponsor.

I acknowledge that Hinton does not provide any medical insurance coverage for mission trip participants and that I am fully responsible for medical insurance/medical care payment for myself.

I acknowledge that Hinton is a nonprofit entity which provides facilities and mission work opportunities for religious and charitable purposes.

THEREFORE, in consideration of Hinton providing facilities and mission work opportunities for me, I hereby freely and voluntarily, on behalf of myself and my successors and assigns, RELEASE and HOLD HARMLESS Hinton Rural Life Center, Inc., its officers, directors, employees, and agents from any and all liability, legal claims of any nature: which may arise during or after the mission trip and/or which are in any way associated with, arising from, or connected with the mission trip; including but not limited to bodily injury, medical expenses, and death.

Signature of Participant: _____ **Date** _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, the Parent/Guardian (print name) _____ **affirms the information above.**

Signature of Parent/Guardian: _____ **Date** _____

Please complete this form in its entirety and send it to dawn@hintoncenter.org.