

**RAISE THE CRY! START A MOVEMENT! EXPERIENCE CHANGE!**

Gather together your friends, school or youth groups to join us for Sleepless in the Valley 2019. You will discover how to make a difference for those experiencing homelessness in our Valley. Sign up using this form or go online boiserm.org/sleepless. This event will starting at 6pm on June 14 and end at 7am on June 15, 2019 at the Meridian Speedway. Dinner and Breakfast will be provided.

**REGISTRATION FORM**

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

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MO/DAY/YR):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (circle one): Youth S M L Adult S M L XL XXL XXXL

Staying Overnight? Yes or No Cots will be provided for those staying overnight.

Coming with a Group/School/Church? Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Leader Name and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Registration Fee: $25 before May 15 \_\_\_\_\_\_

$30 after May 15 or at event \_\_\_\_\_\_\_

Checks payable to Boise Rescue Mission or register online at [www.boiserm.org/sleepless](http://www.boiserm.org/sleepless).

*Submit payment and registration form to group leader or mail to Boise Rescue Mission at PO Box 1494, Boise, ID 83701. Contact us at 208-343-2389 or* [*sleepless@boiserm.org*](mailto:sleepless@boiserm.org) *if you have any questions.*

**RAISE THE CRY!** Let others know about the Sleepless event and invite your friends and family to help homeless men, women and children in the Valley. You can claim your fundraising page at [www.Boiserm.org/sleepless](http://www.Boiserm.org/sleepless) or use the attached fundraising form. Prizes will be awarded to top individual and top team fundraisers. If you can’t attend, we invite you to donate or sponsor a current fundraiser.

**LIABILITY WAIVER AND INDEMNITY AGREEMENT (SIGN BELOW)**

By signing below, Participant (over 18 years of age) or Participant's Parent/Guardian (if participant under 18 years of age) waives liability against Boise Rescue Mission and acknowledges that the 2019 Sleepless in the Valley Event ("Event") may expose the Participant to potential harm, including injury or death. By electronically signing this agreement, Participant or Participant's Parent/Guardian voluntarily agrees, on behalf of themselves and/or the Participant, to release, waive, discharge and hold harmless Boise Rescue Mission, its officers, employees, volunteers and agents from any and all claims of liability arising out of their negligence or any other act or omission which causes the Participant illness, injury, death and/or damages of any nature in any way connected with the Participant's participation in the Event, whether the damage occurs at the premises of the Event, transportation to and from the Event or otherwise. Participant or Parent/Guardian understands that no amount of caution or care can prevent all injuries. Participant or Parent/Guardian are aware that it is impossible for Boise Rescue Mission to fully control or eliminate all risks of harm and Participant or Parent/Guardian acknowledge the Participant's vital responsibility to follow direction and to act sensibly in the absence of direction to mitigate the risk of harm. Participant or Parent/Guardian, by signing initials below, agrees that this release shall be binding upon him or her as the Participant or the Participant's Parent/Guardian to the fullest extent allowed under the law. Participant or Parent/Guardian shall defend, indemnify and hold Boise Rescue Mission, it's officers, employees, volunteers, and agents harmless from any claim asserted by Participant against such parties if the Participant repudiates this release after obtaining adulthood. This waiver also acknowledges Boise Rescue Mission the absolute and irrevocable right and permission to photograph Participant and use stories, pictures, silhouette or other reproductions of physical likeness; to copyright the same, and to use and re-use the same, in whole or part, individually or in conjunction with other visual, audio, or written material, in any medium for any purpose. Participant or Parent/Guardian release and discharge Boise Rescue Mission from any and all claims and demands. This authorization and release shall also insure to the benefit of the legal representatives, licenses and assigns of Boise Rescue Mission. Authorization for Medical Treatment: To protect Participant's health, safety and well-being during the Event, basic first aid will be provided at the Event. Participant or Parent/Guardian hereby consent, on their own behalf and on behalf of the Participant, for the medical personnel selected by the Boise Rescue Mission to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations, and to provide or arrange necessary related transportation for the Participant. Participant or Parent/Guardian consent to any X-ray examination, anesthetic, emergency paramedic treatment, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician, surgeon or paramedic licensed under the provisions of the Medical Practice Act on the medical staff of any hospital; and to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Participant by any dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of Boise Rescue Mission to give specific consent to any and all such examination, anesthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physical and/or dentist, in the exercise of his/her best judgment, may deem advisable. Boise Rescue Mission will make a good faith effort to contact the Parent/Guardian/Emergency Contact listed on the registration form in advance of any treatment being rendered, but this consent is not conditioned upon Boise Rescue Mission reaching the Parent/Guardian/Emergency contact prior to treatment being rendered as contemplated in this paragraph. Participant or Parent/Guardian recognize that the Participant or Parent/Guardian will be responsible for any expenses related to any medical treatment that is provided to the Participant while attending the event. By signing below, you acknowledge you have read the complete waiver and accept responsibility as the Participant (if 18 years and older) or as the Parent/Guardian (for Participants under 18 years of age).

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

Participant Signature (if 18 years or older):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if participant under 18 years):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_