

CARDBOARD CITY 2017
INFORMATION FOR YOUTH GOUPS

When: Friday, March 3 starting at 4 p.m. – Saturday, March 4 at 8 a.m.

Where: Grounds of First Baptist Church of Augusta, 3500 Walton Way Ext, Augusta, GA 30909

Security: Overnight security will be provided. Active areas will be fenced. Bathrooms will be monitored. All bathroom trips need one volunteer and two students. No one is allowed to leave the premises.

Meals: A simple meal similar to what is served in a shelter will be provided. We will have snacks available for purchase, so please bring some cash.

What you will sleep in: That is up to you! Bring a large cardboard box to decorate. We will be judging them and awarding prizes. Please be sure to bring a warm sleeping bag or blankets and pillow. A ground tarp might be useful. Also, please bring a flashlight.

Activities: Box decorating competitions. You must bring all of your materials including your box. Homeless Scavenger Hunt.

Registration: Each participant needs a registration form. At check-in, all participants must have signed "Hold Harmless" and "Photo Release" forms and given them to your Group Leader. Minors must also have the "Minor Waiver" form. Extras will be available.

Fundraising: Raise the "rent" and help us "box up homelessness and send it packing" by collecting, pledges or making donations to Family Promise. We ask each Cardboard City "resident" to have a goal to raise \$100 or more. You must raise at least \$25.00 to participate. Each "resident" who raises \$100 or more will receive a t-shirt.

Volunteers: Youth groups require one adult for every 7 youth ages 11-18 in attendance.

Weather: In the event of extreme weather, we will move into the gym of First Baptist.

What NOT to Bring: No valuables, pets, tobacco, alcohol, weapons or power tools.



**Please Help Me Raise My Rent for Cardboard City!
March 3-4, 2017**

Name: _____

Church: _____

Address: _____

Phone: _____ Email: _____

Cardboard City is a fundraiser for the programs for Family Promise of Augusta, whose mission is to help homeless families become self-sufficient. My goal is to raise \$100 or more for local homeless families by spending one night in a cardboard box at First Baptist Church of Augusta.

Sponsors: Make checks payable to Family Promise of Augusta. Provide your mailing address below to receive a receipt for your tax deductible contribution. (Tax ID #)

Participants: Please give this form to your Group Leader, along with the checks you have collected by February 20. The mailing address is 2177 Central Avenue, Augusta, Georgia 30904.

Yes! I will help raise money for Augusta's homeless families! I _____ only need five \$20 sponsors to reach my goal!

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Amount: _____

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City: _____ State: _____ Zip: _____
Email: _____ Amount: _____

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City: _____ State: _____ Zip: _____
Email: _____ Amount: _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Amount: _____



PARENT/GUARDIAN WAIVER & RELEASE FOR MINOR PARTICIPATION
Cardboard City-March 3-4, 2017

Please print in ink:

Minor's Name (last, first, middle) _____

Age: _____ Birthdate: ____/____/____ Male _____ Female _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Home: () _____ Cell: () _____

Father's Name: _____ Home: () _____ Cell: () _____

Emergency Contact: _____ Home: () _____ Cell: () _____

Medical Insurance Company: _____ Policy #: _____

Does your child have allergies to:

____ Pollens ____ Medications ____ Food ____ Insect Bites (if yes to any please specify) _____

Does your child suffer from or has ever experienced, or is being treated currently for any of the following:

____ Asthma ____ Diabetes ____ Heart Trouble ____ Epilepsy/Seizure/Disorder Date of last tetanus shot ____/____/____

The undersigned _____ (name of parent/guardian), the parent and natural or legal guardian of the above minor hereby represents that he or she is, in fact, acting as such capacity and AGREES TO DEFEND, HOLD HARMLESS, AND INDEMNIFY FAMILY PROMISE OF AUGUSTA, FIRST BAPTIST CHURCH OF AUGUSTA, AND ANY OF ITS OFFICERS, DIRECTORS, TRUSTEES, AGENTS SERVANTS OR EMPLOYEES (COLLECTIVELY "FAMILY PROMISE" AND "FBA") FROM ALL LIABILITY, LOSS OR HARM THAT MAY OCCUR BY REASON OF THE MINOR'S PARTICIPATION IN THE CARDBOARD CITY EVENT. BY MY SIGNATURE BELOW, I ACKNOWLEDGE AND AGREE TO THE ABOVE WAIVER AND RELEASE AND TO PERMISSION FOR MEDICAL ATTENTION SET FORTH BELOW.

*Photos and video will be taken at Cardboard City. Please sign here if you do **NOT** want any photos/video of your child to be used for event awareness purposes:* _____

I further give Family Promise permission to seek whatever medical attention is deemed necessary, and release Family Promise of Augusta of any liability against personal losses of the above minor. In the event the above minor is injured and requires the attention of a doctor. I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required for a physician and/or hospital personnel designated by Family Promise of Augusta, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the above minor.

Parent Name: _____ Parent Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____



**HOLD HARMLESS AND ASSUMPTION OF THE RISK AGREEMENT FOR PARTICIPATION
IN THE FAMILY PROMISE OF AUGUSTA CARDBOARD CITY EVENT**

For and in consideration of Family Promise of Augusta and First Baptist Church of Augusta allowing me to participate in the Cardboard City event on March 3-4, 2017, I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death against Family Promise of Augusta and First Baptist of Augusta Church or any of its officers, directors, trustees, agents, servants, or employees, and the right to present any claim whether the same shall arise by the negligence of any said persons, or otherwise, occurring to me as a result of my participation in the Cardboard City event and any activities incidental thereto wherever or however the same may occur and for the whatever period said activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE FAMILY PROMISE OF AUGUSTA AND FIRST BAPTIST CHURCH OF AUGUSTA AND ITS OFFICERS, DIRECTORS, TRUSTEES, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH OR ANY AND ALL LIABILITY. I am fully aware of the risks and hazards inherent in the Cardboard City event and I hereby elect voluntarily to assume all risks of loss, damage, or injury that may be sustained by me during such event. I understand that this hold harmless and assumption of the risk agreement shall apply not only to me but also to my heirs, executors, administrators, next of kin, assigns and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FORGOING AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO THE CARDBOARD CITY EVENT AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

____ By my signature below, I hereby certify that I am eighteen (18) years of age or older.

____ I am under the age of eighteen (18) years. My parent/guardian has read this form with me and completed the additional parent/guardian Waiver and Release.

Date: _____
Participant Signature *Print Name*

Date: _____
Parent Signature *Print Name*

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Alt Phone: _____