



3050 Walkent Dr. NW
Grand Rapids, MI 49544
616.784.THE3
3mp.org

Visitor Registration

Name: _____ Date of Birth: _____ Gender: M F

Address: _____
(street and number) (city) (state) (zip code)

School: _____ Grade: _____ Graduation Year: _____ Church: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Visitor Code of Conduct: It is the intent of the Three Mile Project to provide an environment in which all visitors can experience a sense of safety, belonging, and respect. In order to maintain this atmosphere, the following behaviors are strictly prohibited:

- | | | |
|-------------------------------|---|-------------------------------------|
| * possession of weapons | * being under the influence of drugs or alcohol | * use of tobacco or vaping products |
| * fighting | * possession of alcohol or illegal drugs | * grade/age violation |
| * vulgar/abusive language | * destruction or property | * public displays of affection |
| * harassing/bullying behavior | * inappropriate or revealing clothing | |

Visitors who choose not to meet these expectations will be held accountable for their behavior. Our response to inappropriate behavior may include verbal warnings, expulsion from the facility, calls to parents, and, when warranted, contact with law enforcement agencies. Your signature below indicates that you understand and agree to abide by this code of conduct:

(student signature) (date)

Parent/Guardian #1: _____ Parent/Guardian #2: _____
Name: _____ Name: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

Waiver and release of liability: I, being the parent or legal guardian of the above-named minor, in consideration of such minor's attendance at Three Mile Project ("3MP") do recognize that the minor's participation in activities, including but not limited to physical activities at 3MP, is voluntary and do agree to release, discharge, hold harmless, and indemnify 3MP, its employees, officers, directors, volunteers, agents, and representatives from any and all claims, demands, damages, rights of action, causes of actions, expenses, or any liabilities whatsoever that may arise on account of or in any way related to, my minor child's attendance at and/or participation with 3MP.

Emergency Medical Information: In the event I cannot be reached in an emergency, I hereby give permission to any physician, surgeon, clinic, or hospital to secure treatment and to secure anesthesia for the minor named in this registration. In the event it becomes necessary to seek treatment for the minor, I agree to be solely responsible for all medical bills/costs, and I agree to hold 3MP and its employees, officers, directors, volunteers, agents, and representatives free and harmless of any and all claims, demands, damages, rights of action, causes of actions, or any liabilities whatsoever that may arise from the giving of such consent so long as treatment is administered by or under the supervision or trained medical personnel.

Photograph and Likeness Release: I understand that photographs and videos are regularly taken of activities at 3MP. Although 3MP staff does their best to ask visitors for their permission before taking their photograph, I also give permission for the minor to be photographed or videotaped for use in promoting Three Mile Project activities, whether in print, video, or on the internet.

I understand and agree that all waivers and releases in this form are binding on my estate, heirs, successors, and assigns.

(signature of parent or legal guardian) (date)

In case of emergency we will first attempt to contact parents/guardians at numbers listed above. If we are unable to reach parents/guardians, who else should we contact?

Emergency Contact 1: _____
(name) (home phone) (cell phone)

Emergency Contact 2: _____
(name) (home phone) (cell phone)