



*Keryx In Community*

# Candidate Application

**Mount Hope "the Hope" Church**

1672 M32 East  
Gaylord, MI 49735

**2021**

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**Men's weekend:**  
June 3 - 6

**Women's weekend:**  
June 17 - 20

*Please* verify the details of the event you are registering for on the website at:

<https://keryxic.org/attend>

*Please* arrive at the Church by 6 PM on the first day -- event starts at 6:30. Thank you!

**I am registering for:**

*\*\* please note event location above*

  

Men's weekend (June 3 - 6, 2021)

Women's weekend (June 17 - 20, 2021)

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

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

City, State Zip Code: \_\_\_\_\_

Phone #: home \_\_\_\_\_ cell \_\_\_\_\_ do you text message? Y / N

E-Mail Address: \_\_\_\_\_

Do you have a home church? Y / N Name of church: \_\_\_\_\_

Is someone sponsoring you this weekend? Y / N Name: \_\_\_\_\_

Is your spouse planning on attending a weekend? Y / N / Maybe Name: \_\_\_\_\_

Do you have any special food requirements or Food Allergies? (Please List)  
\_\_\_\_\_

Do you have any special medication regimens that we need to be aware of? Y / N (Please List)  
\_\_\_\_\_

Are there any other special provisions that you need to stay and enjoy this Keryx weekend?  
\_\_\_\_\_

To help defray the costs of the weekend, there is a SUGGESTED fee of \$50.00. Checks should be made out to 'SON KiC'. Scholarship funds are generally available; please don't let the cost keep you from attending. Applications and payment may be brought to the weekend or sent to the address below. For more info e-mail:

SONKIC c/o Cynthia Clark  
1028 Sweet Rd  
East Jordan, MI 49727

[sonkic-info@keryxic.org](mailto:sonkic-info@keryxic.org)

## Release Form for Media Recording

*\*\* Agreement to this release form is neither mandatory nor a prerequisite for attending any of our events. \*\**

I, the undersigned, do hereby consent to and agree that Keryx Ministry, its employees, or agents have the right to take analog/digital photo, video, and/or audio recordings and to use these in any and all media, now or hereafter known or unknown. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Keryx Ministry, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Keryx Ministry is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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Name

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Address

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Phone

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Witness for the undersigned

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Signature

Date

I, the undersigned, ***do not*** consent to the use of my image or likeness by any means or in any form by Keryx Ministry, its employees, or agents for any public use.

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Name

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Signature

Date

## Candidate Release and Waiver of Liability Form

This Release and Waiver of Liability (hereinafter herein "release") executed on \_\_\_\_\_ (date) by \_\_\_\_\_ (hereinafter herein "Candidate") releases Keryx Ministries ("Keryx", "Keryx In Community", "KiC", "SONKiC", "UPKiC", "Keryx Prison Ministry", "Michigan Youth Challenge Academy Retreat", "MYCA", hereinafter herein "Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of Michigan and each of its directors, officers, employees, and agents.

The Nonprofit is dedicated to the safety of both our team members and attending candidates. In response to the covid-19 virus outbreak we are committed to following and complying with the best safety and sanitary practices given by the CDC and local, state, and federal guidelines. This includes: sanitizing surfaces, hand washing, pre-screening all participants to exclude any that may have symptoms, and exercising social distancing when possible. Team members and candidates need to know that while we will do what we can to protect everyone, the nature and structure of a Keryx weekend does not allow for social distancing for much of the weekend's activities. Masks are welcomed to be worn, but they are not required as Keryx falls into the religious service exemption to Michigan's executive order that states mask wearing cannot be enforced while participating in religious worship.

Before committing to participating in a weekend at this time one should understand that there is some risk compared to other day to day activities. If you are apprehensive or high risk in any way this may not be the best timing for you to serve on or attend a Keryx weekend.

1. **Waiver and Release:** I, the Candidate, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I receive from the Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I receive from, Nonprofit or occurring while I am a candidate.

2. **Insurance:** Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.

3. **Medical Treatment:** I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a candidate with Nonprofit.

4. **Other:** As a candidate, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

5. **Covid-19:** As a candidate an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the CDC, senior citizens and guests with underlying medical conditions are especially vulnerable. Exposure to COVID-19 may be from a person who is completely asymptomatic.

By attending in-person gatherings at "NonProfit" you voluntarily assume all risks related to exposure to COVID-19 and waive any liability for exposure to or contraction of COVID-19 while in attendance.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
Printed Name of Candidate

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of parent/guardian  
(if candidate is under 18)

\_\_\_\_\_  
Signature of parent/guardian  
(if candidate is under 18)

\_\_\_\_\_  
Date