

STUDENT REGISTRATION WAIVER FORM

CHURCH:
YOUTH PASTOR:



Student's Name:
 Address:
 City:
 State/Province:
 Zip/Postal Code:
 Home Phone:
 Cell Phone:
 Email:
 Grade Entering:
 Birth Date:
 College Preference: Keep private
 Major of Interest:

Event Attending:

City: State Zip

Church Information

City: State Zip

Please indicate which of the following describes you. More than one may apply.

- Male High School Student Youth Pastor
 Female Middle School Student Group Leader

Parent/Guardian Name:	<input type="text"/>	Home Phone:	<input type="text"/>
Relationship:	<input type="text"/>	Cell Phone:	<input type="text"/>
Emergency Contact Name:	<input type="text"/>	Emergency Phone:	<input type="text"/>
Insurance Company:	<input type="text"/>	Policy Number:	<input type="text"/>

Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant's participation in the LIFT Student Ministries Camp selected above. I voluntarily release and forever discharge LIFT Ministries, its officers and its team of leaders from any and all liability, claims, actions or rights of action which are in any way related to the registrant's participation in any and all events during the course of this LIFT event. I agree to indemnify and hold harmless from any and all costs or damages, including attorney fees incurred in connection with the registrant's participation in camp activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against LIFT Student Ministries arising from the registrant's participation in LIFT Ministries' activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am eighteen years of age or older, I hereby give LIFT Ministries permission to act on my behalf in seeking and administering medical treatment should it be deemed necessary or advisable for the registrant's health, safety and/or welfare. I release LIFT Ministries from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the registrant's participation in conference and camping activities. I also grant permission to Lift Ministries to take and use: photographs, and/or audio and video recordings of my child for use in news releases, educational materials and/or promotional materials as follows. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Lift Ministries.

Parent/Guardian Signature: Date:

Please return this form into your Youth Leader prior to leaving for your event.
 Youth Leader: Please bring this form with you to the event registration area.