



# Individual Release Form

**\*Each person attending (students and adults) must fill out a Release Form.\***

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Grade: \_\_\_\_\_  Male  Female

Church group you are attending with: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Cell /Home Phone: \_\_\_\_\_

Emergency Contact (if not parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

As a registered participant I agree to abide by all guidelines and rules as set forth by the IGNITION CONFERENCE, HOST CHURCH & HARVEST TEAM for my protection and overall safety of the event. Failure to do so may result in disciplinary action and/or being sent home. I agree to participate in all event activities as health or other factors allow and present myself in an appropriate (dress, actions & attitude) manner. I further agree to allow my physical representation to be used in pictures or video for purposes of promotion, etc.

Signature of Participant/Parent/Legal Guardian: \_\_\_\_\_

## RELEASE OF LIABILITY:

I indemnify, defend and hold harmless the HOST CHURCH, IGNITION VOLUNTEER CORE STAFF, and HARVEST MINISTRY TEAMS from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians. However, if parents or guardians cannot be reached, or if I, the signed registrant am 18 years of age or older, I hereby give the IGNITION CORE TEAM and/or HOST CHURCH permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release the HOST CHURCH, CORE TEAM and MEDICAL PROVIDERS 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 activities.

Printed Name of Parent/Legal Guardian/Participant: \_\_\_\_\_

Signature of Parent/Legal Guardian/Participant: \_\_\_\_\_ Date \_\_\_\_\_

*(If under 18, parent or legal guardian must sign)*