



THE LIGHT KIDS CONFERENCE

Liability & Medical Release Form

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

Participant Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email (adult): _____

Grade/Adult: _____ Male Female

Church group you are attending with: _____

Parent/Legal Guardian: _____

Cell/Home Phone: _____

Emergency Contact (if not parent): _____ Relationship: _____

Health Insurance Company: _____

Known Medical Conditions: _____

Lunch Menu: Pizza, Fruit Cup, Chips, Baby Carrots/Ranch Dressing, Capri Sun
(If you have food allergies, feel free to bring a sack lunch.)

As a registered participant I agree to abide by all guidelines and rules as set forth by THE LIGHT KIDS CONFERENCE, HOST CHURCH & CORE 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: _____

RELEASE OF LIABILITY:

I indemnify, defend and hold harmless the HOST CHURCH, THE LIGHT 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 THE LIGHT 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.

Signature of Participant: _____

(if under 18, parent or legal guardian must sign below)

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date _____