



## HARVEST MINISTRY – KIDS CONFERENCE – RELEASE FORM

NAME OF PARTICIPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PARENT / GUARDIAN: \_\_\_\_\_

CONTACT FOR PARENT / GUARDIAN: \_\_\_\_\_

HEALTH INSURANCE NAME, POLICY, INFO: \_\_\_\_\_

<i>Please Circle Grade</i>					
1	2	3	4	5	Adult

### RELEASE OF LIABILITY:

*I indemnify, defend and hold harmless the HOST CHURCH, VOLUNTEER 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 an 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 Conference Volunteer Leaders and the 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. I further agree to allow my physical representation to be used in pictures or video for purposes of promotion, etc.*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Parent/Legal Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_