



# Thrive Unleashed Conference, January 12-13, 2018

## REGISTRATION / MEDICAL RELEASE & LIABILITY WAIVER

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name of primary care physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name of Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Current Medications: \_\_\_\_\_  
 Physical Impairments: \_\_\_\_\_  
 Other Pertinent Information: \_\_\_\_\_

I, (name of parents or guardian): \_\_\_\_\_ of the undersigned, of  
 (address): \_\_\_\_\_ City of \_\_\_\_\_, County of \_\_\_\_\_,  
 State of \_\_\_\_\_ am the parent or other legal guardian of (name of child) \_\_\_\_\_,  
 a minor of \_\_\_\_\_ years of age, of (address): \_\_\_\_\_ City of \_\_\_\_\_,  
 County of \_\_\_\_\_, State of \_\_\_\_\_ (referred to herein as "Minor").

By signing below, I hereby authorize appropriate Student Ministry Leader Volunteers and Staff of Twin Cities Church (TCC) as adult person(s) into whose care the minor referenced herein as "Participant" have been entrusted, to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician in the event of failure to contact me for same. This authorization is valid in the event of any accident, sudden illness, or medical emergency involving aforesaid minor, and is limited to the dates of the event listed below.

The minor, \_\_\_\_\_ (herein "Participant"), wishes to participate in Thrive Unleashed Conference at Bayside Church in Granite Bay, Ca (herein the "Activity") sponsored by Twin Cities Church, a California nonprofit religious corporation (herein the "Ministry"). This Activity is scheduled to take place on **January 12, 2018** thru **January 13, 2018**. Ministry, Participant, and Participant's parent(s)/legal guardian(s) (herein "Guardian") agree that the Activity poses potential Risks. "Risks" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by bus, car, truck, van or any other vehicle to and from the Activity location; Any and all inherent risks associated with travel or participating in Activity; Loss or destruction of Participant's personal property; Head trauma; Broken bones; Injury to or loss of limbs; or Medical complications related to a preexisting condition of which Ministry was unaware.

For and in consideration of Ministry allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participant's personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasers") release, waive, discharge and covenant not to sue Ministry and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasers, on account of injury to Participant or death to Participant or injury to the property of Participant, whether caused by the negligence of Releasees or otherwise, while Participant is participating in the Activity. Participant and Guardian are fully aware of the Risks and other hazards inherent in the Activity and are allowing Participant to participate in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by Participant while participating in the Activity. Participant and Guardian acknowledge that as a part of this Release they shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity. Furthermore, Participant and Guardian understand that Participant's voice or image may be recorded at this Activity or in travel to and from the Activity location.

Participant and Guardian irrevocably grant to Ministry the perpetual, royalty free license and permission to use, reuse, publish, republish Participant's voice, likeness and photograph.

Participant and Guardian warrant that they have fully read and understand this Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to Participant or Guardian.

### CAUTION: READ BEFORE SIGNING.

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

Participant Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Parent/guardian #1 Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Parent/guardian #2 Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_