



Invites Youth To Attend

Minnesota Youth Convention

Thursday, October 18-
Saturday, October 20, 2018

Mayo Civic Center | Rochester, MN



MYC is an opportunity for students to get away for three days and join other students in the Minnesota district to encounter God in a real way through relationships with peers and leaders, gifted speakers, and powerful worship.

Return completed form ASAP.

All scholarship applications must be submitted promptly by October 1.

Registration

Register by Wed. September 26 \$125
Late Registration by October 10 \$150

Meals

Students should bring additional money for five meals (\$7-10 per meal) and snacks.

Registration closes on Wednesday, October 10

Fees cover transportation, hotel, and convention admission. Meals other than breakfast are not included. The hotel offers free continental breakfast.

Transportation and Lodging

We will travel to and from Rochester in a bus. The bus will also transport us between the Mayo Civic Center and our hotel. School bus rules apply!

Scholarship Requests

Scholarships are available for students who demonstrate significant financial need. Contact Pastor John Hubert or Pastor Jordan Gunderson at 444-8205.

Departure and Return

Meet at Crossroads Church at 9 AM, Thursday, October 18. Students should eat before arriving and be ready to go.

Students will return to Crossroads Church on Saturday, October 20 between 4 and 5 PM

Bring

Money for meals, Bible, notebook, pen, necessary personal items, modest swimsuit, jacket, toiletries

Don't Bring

Tobacco, drugs, or alcohol

Emergency Contact: Pastor Jordan at 218-556-8070

Questions? Contact Pastor Jordan Gunderson at 444-8205.

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Keep first page for your information.



Minnesota Youth Convention 2018

Participant Information

Name _____

Male Female Birthdate ____ / ____ / ____

Grade in Fall _____ School _____

Mailing Address _____ City _____ State ____ Zip ____

Student Cell # _____ Roommate Request _____

Parent/Guardian Information

Name(s) of parent/guardian child lives with _____

Parent Email _____

Phone _____ Cell Phone _____

MEDICAL INFORMATION

Clinic/Doctor _____ Phone _____

No insurance MA MN Family Insurance Company _____

Policy # _____ Insurance Company Phone _____

Policy Holder _____ Prescription Insurance # _____

Health Problems/Limitations _____

Date of Last Tetanus Shot/Booster _____

Allergies

Bee Stings Food _____ Drugs _____

Other _____

My child can be given pain reducing medication (i.e. Tylenol, aspirin, etc.) as deemed necessary. Yes No

If NO, please list medication not to be dispensed _____

List medicine student will be bringing _____

**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)**
Crossroads church |3354 Laurel Dr. NW, Bemidji, MN 56601

Full Name of Participant

Address

Email

In consideration of participating at Crossroads Church, I represent that I understand the nature of this activity (**Minnesota Youth Convention 2018**) and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that, if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, up to and including dismemberment and death, which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “Releases” named below; and that there may be other risks either not known to me or not readily foreseeable; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in this Activity.

I hereby release, discharge, covenant not to sue, and Hold Harmless Crossroads Church, its respective administrators, directors, agents, officers, members, managers, volunteers, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “Releases” herein) from all liability, claims, demands, losses, injury, disability, death or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “Releases” or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk, I, my estate, heirs, survivors, executors, assigns or anyone on my behalf, makes a claim against any of the “Releases”, I agree to indemnify, save, and hold harmless each of the “Releases” from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it, and have signed it freely and waive all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Signature of Participant

Date

PARENTAL CONSENT (COMPLETE IF PARTICIPANT IS UNDER THE AGE OF 18)

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby Release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the “Releases” from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the “Releases” or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, the estate, heirs, survivors, executors, assigns or anyone on the minor’s behalf makes a claim against any of the above “Releases,” I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the “Releases” from any litigation expenses, attorney fees, loss liability, damage, or cost the Release may incur as the result of such claim.

I authorize CROSSROADS to use my child’s likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against CROSSROADS for the use of such photos or videos. I authorize CROSSROADS leaders/ pastors to inspect my child’s belongings to see that they have not brought any prohibited or illegal items. I understand that if my child misbehaves and violates the rules, I may be called to pick him/her up. I give permission for my child to ride to and from the activities with CROSSROADS. I understand that I cannot hold CROSSROADS responsible for the safety of my child should he/she disregard the rules and guidance of the leadership on this trip.

Printed Name of Parent/Legal Guardian

Signature of Participant

Date
