



PARTICIPANT WAIVER & INFO FORM

(This form must be brought to registration by each student and adult attendee before participating in LIFT.)

EXALT CHRIST. ENGAGE SCRIPTURE. EQUIP STUDENTS.

Student Leadership University (SLU) is honored to have you participate in one of our incredible experiences. As you join us, we need to let you know a few things, and we ask that you fill out this form before you or your child joins us.

LIFT Tour Participant Name: _____ **Birthdate:** _____

Gender: ____ **Year of High School Graduation (only Students):** _____ **LIFT Tour City:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone #: _____ **Participant Email:** _____

Parent Name (if over 18, N/A): _____ **Parent Email:** _____

Which of the following best describes the participant? (Circle one.)

Student Youth Pastor Youth Leader Parent Educator

Which church or School you are attending with (if applicable): _____

Liability Waiver

By submitting this form, you understand that there is always a possibility of injury or physical harm. Before you or your student can join SLU in one of these amazing experiences, you agree that Student Leadership University cannot let anyone participate in any activities without releasing and holding harmless Student Leadership University. Further, you and your child participating in this activity agree to hereby release, and forever discharge Student Leadership University, their officers and directors, and their employees, their agents, and any parties volunteering on behalf of Student Leadership University for all actions, claims, damages, costs, expenses or damages of any kind growing out of or related to any activity of Student Leadership University in which the undersigned participates. You further acknowledge that this is a full and complete release for all injuries and damages which may be sustained as a result of participating in any Student Leadership University program.

Photo Release

By registering for an SLU experience (LIFT Tour, in this case), you give Student Leadership University permission to use photography, video, and audio that you or your child is in for any publication related to telling others how incredible SLU is. You give permission to Student Leadership University to use such images in connection with any publication including but not limited to brochures, booklets, videotapes, reports, press releases, websites, including social media, and exhibits, to use and cite any comment(s), verbal or written, made by you or your child about the program, and to use you or your child's name in connections with any publication and in such manner as determined by SLU.

Acknowledgement

I acknowledge I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents of it. This release shall be binding upon the minor and me and our respective legal representatives. SLU and its partners will protect your information but may use it for promotional purposes.

Participant or Parent/Guardian Signature _____
(parent/guardian must sign if participant is under 18)

Date: _____