

THE LIFT TOUR

INFORMED LETTER OF CONSENT

FOR LIFT TOUR RETREAT
02/15/2019-2/16/2019

EXALT CHRIST. **ENGAGE** SCRIPTURE. **EQUIP** STUDENTS.

Details of the Activity: Our High School retreat is a two-night event sponsored by Edgewater Alliance Church. Students will be driven by leaders to Orlando where they will stay in a hotel and participate in the LIFT tour. The LIFT tour is a high-energy weekend experience that engages students with quality Bible teaching, professional live music and more! Students will be dropped off and picked up at Edgewater Alliance Church. The time of departure is 2:00 P.M. on Friday. The students are scheduled to return to the EAC campus by 10:45 pm the following day. The following forms must be filled out prior to your child's participation in the event. **The cost of the event is \$125 and must be paid in full in order to reserve your child's spot. This cost covers all expenses related to the retreat including: travel, meals, and lodging in a hotel room.** All students' room assignments will be based on their gender and grade level. In order to keep costs down, students of the same gender will be asked to share beds, but never under any circumstances will a leader share a bed with a student. Spots for the retreat will be reserved by completing the required forms and submitting them to EASM along with a \$50 nonrefundable deposit. **The remaining balance must be paid in full no later than February 15th.** Spots are reserved on a first come first serve basis.

Dear Parent or Guardian:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you with the details of the activity and request that you complete and sign the permission form.

**LIFT TOUR 2019 RETREAT
PERMISSION FORM AND CONSENT:**

Student's Name _____ Date of Birth _____

T-Shirt Size (adult sizes): (circle one) S M L XL

Scholarship Needed: (circle one) Y or N *(limited number of partial scholarships available)*

Address: _____

Phone Number _____

Parent's Work Number _____

Insurance Provider and Policy Number: _____

Family Physician _____ Phone Number _____

In case of emergency, contact:

Name _____ Phone Number _____

I hereby consent to the participation of my/our child(ren) in this supervised activity.

While precautions are taken for the safety and good health of your child(ren), some sports, activities, and means of transportation, carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at the church. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize a staff member of Edgewater Alliance Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless Edgewater Alliance Church, its personnel, its Directors, and board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Edgewater Alliance Church, as well as any medical treatment authorized by the supervising individuals representing Edgewater Alliance Church.

I have read, understood and agree with the above.

Parent/Guardian Signature _____ Date _____



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PARTICIPANT WAIVER & INFO FORM

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

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: _____