WAIVER & RELEASE FORM

(Please photocopy this form, one for each attendee.)

Note: Each student registrant must have his/her parent or guardian sign the Waiver and Release Form. Each adult registrant must sign the Waiver and Release Form.

Please print clearly.

Church Attending With: _____

Student/Attendee's Name: _____ **Graduation Year:** _____

Parent/Guardian's Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) daytime _____ **(____) evening** _____ ***E-Mail:** _____

**** By providing your email address you will receive Dare 2 Share's Soul Fuel devotional in your email inbox.***

Please indicate which of the following describes you: (more than one may apply)

☐ **Male** ☐ **High School Student** ☐ **Group Leader** ☐ **Parent**
☐ **Female** ☐ **Junior High Student** ☐ **Adult Chaperone**

☐ **I need special seating at the conference due to a physical limitation. Attached is a written statement.**

"Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant's participation in the Dare 2 Share Ministries (D2S) conference. I voluntarily release and forever discharge D2S from any and all liability, claims, actions, or rights of action which are in any way related to the registrant's participation in the conference activities. I agree to indemnify and hold D2S harmless from any and all costs or damages, including attorney fees, incurred in connection with the registrant's participation in conference activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against D2S arising from the registrant's participation in conference activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution.

In case of emergency, I understand every reasonable effort will be made to contact the parents or guardians of minor registrants. However, if the parents or guardians cannot be reached within a reasonable time period under the circumstances, or if I, the below signed registrant am 18 years of age or older, I hereby give D2S permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I release D2S from liability in acting on my behalf in this regard and rendering such medical treatment. I agree to submit any claims or causes of action regarding the enforceability of this waiver or any claim related to the subject matter herein to the Christian Coalition/mediation organization for binding resolution."

Please check which applies: ☐ **Parent/Guardian** ☐ **Registrant over 18 years of age**

Signature: _____

If you are a Parent/Guardian of a registrant who is under 18 years of age, please print your name here: _____

Emergency Contact's Name: _____

Day Phone: _____ **Evening Phone:** _____

PLEASE TURN THIS FORM INTO YOUR YOUTH LEADER AT LEAST ONE WEEK PRIOR TO THE EVENT.

Youth Leaders: Please bring this form with you to the event and drop it off at the registration area.

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