

**STUDENT RELEASE FORM
RENEW CONFERENCE 2018**

Name: _____

Address: _____

City/St/Zip: _____

Date of Birth: _____ Student Cell# _____ Home Phone# _____

Health Insurance Co.: _____ Policy/Group Number: _____

**List important medical information (allergies, medications, or conditions, etc.) or circle NONE
List the medication(s) and dosage instructions in detail.**

I desire for my son/daughter/ward _____ to participate in RENEW CONFERENCE 2018 and give my permission for him/her to do so. I further authorize The Summit and its volunteers, staff, and agents to provide first aid to my son/daughter in accord with their judgment, and this treatment may include the administration of over-the-counter (non-prescription) medications to my child and other medications which my child has been prescribed. In the event my son/daughter, in the opinion of The Summit or its volunteers, staff, or agents, needs medical care beyond first aid and over-the-counter (non-prescription) medications, I give my consent and permission for such medical care to be obtained on behalf of my child and further give consent to any treatment recommended by the medical personnel consulted. I further understand that photos and videos of RENEW CONFERENCE 2018 will be taken and authorize the taking and publication of photographs and videos of my child via the internet or other medium.

I understand that RENEW CONFERENCE 2018 may include travel by church vehicles and/or private vehicles, and such vehicles will be driven by church staff and/or adult volunteers. I freely and voluntarily assume the risk of personal injury to my child/ward (or myself if 18), even if the result of the negligence of The Summit or its volunteers, staff, or agents, and further hold harmless The Summit and its volunteers, staff, and agents and release any legal claims of any kind involving any and all injury, disability, death, or loss or damage to person (including myself, and my child/ward) or property, whether caused by the negligence of the releasees or otherwise.

I UNDERSTAND I AM GIVING UP IMPORTANT LEGAL RIGHTS BY SIGNING THIS DOCUMENT

Date: _____ **Signature of Parent/Guardian if under 18:** _____
(or participant if 18 or older)

Home Phone _____ **Parent/Guardian Cell Phone(s)** _____ / _____

Emergency Contact(FIRST TO CALL): _____