



DARE 2 SHARE

# WAIVER & RELEASE FORM

Youth Leaders: please copy and bring completed forms to the event in the envelope provided and drop it off at the Waiver/Release area.

ALL participants attending the Dare 2 Share Conference (students and adults) must fill out a Waiver & Release form.

## REGISTRANT INFORMATION

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

Name: *(please print full name)* \_\_\_\_\_  Male  Female

Student  Group Leader  Adult Chaperone

Church Attending With: \_\_\_\_\_

Youth Leader Name: \_\_\_\_\_ Youth Leader Phone: (\_\_\_\_) \_\_\_\_\_

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.

By attending a D2S evangelism training conference, you will be participating in an event where photography, video and audio recording may occur. Your attendance and participation in the event signifies your acceptance of this, and releases D2S from any liability, payment or royalties in connection with the capture, reproduction or distribution of the images, video or audio by D2S as it deems fit.

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.

## EMERGENCY CONTACT INFORMATION

Parent/Guardian  Other

Name: *(please print full name)* \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Mobile Other*

### I have read and fully understand this Release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Registrant over 18 years of age

### Signature required by parent/guardian for all registrants under 18 years of age.

I, the undersigned hereby warrant that I am the parent or legal guardian of the above person and have full authority to authorize the above release, which I have read, and approve.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_