

Michigan Statewide Teen Convention
March 2-4 2018, Kalamazoo Radisson Hotel, Kalamazoo, Michigan

Liability Release and Personal Information Form
(Please send this original to Statewide)

I, the parent or legal guardian of the child (hereinafter "Participant") listed on this form; certify that he or she has my full approval to participate in the 2018 Michigan Statewide Teen Convention (hereinafter "Statewide"). The Participant identified on this form understands that all Participants are expected to abide by the Statewide rules, (which I have read), and be directly responsible to the Statewide staff and leaders. Statewide's staff and leaders assume responsibility for discipline during the convention, and if necessary, may because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning said Participant home.

Further, I do release and hereby agree to hold blameless, Statewide and its staff and leaders from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participation in any activities associated with Statewide.

Further, I do authorize the Statewide staff and leaders, in the event I cannot be reached by phone to give consent to a physician and/or hospital for emergency medical or surgical treatment while participating in Statewide. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment or for transportation home if necessary.

Further, I give Statewide permission to use photo and video taken during the convention in promotional materials.

Further, I hereby indemnify Statewide for any repair, replacement, reimbursement or compensation, due to damage to property, either real or personal, caused by my child.

Statewide will not be responsible for personal injury or loss of valuables of any kind.

My consent and signature are given below. I have read and agree to the information given in this entire form.

Signature of Parent or Legal Guardian required for ages 17 and under

Date

I have read, and understand, and will abide by all policies set forth by Statewide. I also understand that noncompliance my result in my immediate dismissal, without refund, or reimbursement and I will be sent home at my own expense.

Signature of Participant

Date

Participant's Name _____ Gender _____ Birthday ___/___/___

Street Address _____ City _____ State _____ Zip Code _____

Participant Email _____ Participant Cell Phone _____

Name of Parent(s)/Legal Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Health Insurance Policy Number _____ Health Insurance Carrier _____

Church/City/State _____

Are you presently taking any prescription or non-prescription medicine on a regular basis? If so, please list.

Are you allergic to any medication or food? If so, please list allergies.

If you are in need of any special accommodation, please contact Statewide by February 8th by emailing your request to Rick Todd at ricktodd@charlottechurch.org.

This form must be completed by ALL participants. NO EXCEPTIONS!
Statewide cannot allow anyone to attend without this form.