



# Student Registration and Release



Please have each parent fill out, sign, and return this form for their student.

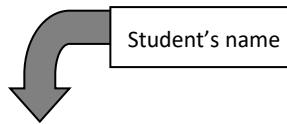
Name: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

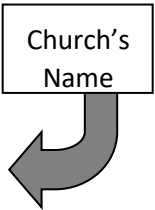
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## Student Agreement:



I hereby consent to participation by \_\_\_\_\_ my son/daughter/individual under my guardianship, in **Engage Camp**. I understand that my child will be under the supervision of the designated staff and/or volunteers at this event. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless \_\_\_\_\_ (henceforth referred to as "the Church"), its staff, deacons, chaperones, volunteers, membership, and drivers from any and all liability that may arise out of participation in this activity. **I also give consent for emergency medical treatment if necessary, as determined by the chaperones of the Church.** I also agree to hold harmless and release the Arkansas Baptist State Convention (henceforth referred to as "the Convention"), other participating churches, and the Church, to include their staff, deacons, chaperones, volunteers, membership, and drivers from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by me or my child's health insurance provider(s). As parent/legal guardian, I remain fully liable for any legal responsibility which may result from any personal actions taken by the named participant.



I hereby grant permission to the Church and Convention to use my child's/individual's under my guardianship likeness on its promotional materials including, but not limited to videos, web sites, and printed materials without further consideration, and I acknowledge the Convention and Church's right to crop or treat the likeness at its discretion.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Phone #: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Phone #: \_\_\_\_\_