



## WAIVER & RELEASE FORM

Youth Leaders: please copy and bring completed forms to the event in an envelope and drop off at registration.

*ALL participants attending the Arise Youth Conference  
(students and adults) must fill out a Waiver & Release form.*

Full Name: \_\_\_\_\_ ☐ Male ☐ Female

☐ Student ☐ Young Adult (18-24) ☐ Group Leader ☐ Adult Chaperone

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

Youth Leader Name: \_\_\_\_\_ Youth Leader Phone: \_\_\_\_\_

### CT Townsend Evangelistic Ministries Arise Youth Conference Liability Release

I voluntarily release and forever discharge CT Townsend Evangelistic Ministries, its officers, agents, board, and staff 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 CT Townsend Evangelistic Ministries 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 CT Townsend Evangelistic Ministries arising from the registrant's participation in all conference activities, included but not limited to those at the LeConte Center, Dollywood, Camp Arise, Pigeon Forge High School, and any activities associated with the Arise Youth Conference.

By attending a CT Townsend Evangelistic Ministries youth 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 CT Townsend Evangelistic Ministries from any liability, payment or royalties in connection with the capture, reproduction or distribution of the images, video or audio by CT Townsend Evangelistic Ministries 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 CT Townsend Evangelistic Ministries 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 CT Townsend Evangelistic Ministries from liability in acting on my behalf in this regard and rendering such medical treatment.

### EMERGENCY CONTACT INFORMATION

☐ Parent/Guardian ☐ Self ☐ Other

Full Name: (please print) \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_ ☐ 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: \_\_\_\_\_

