

# Individual Registration & Release Form

White House, TN

The Light - Kids Conference, March 8, 2008

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

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

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

Email: \_\_\_\_\_

Grade:  1  2  3  4  5

Telephone: \_\_\_\_\_  Male  Female  Student  Sponsor

Emergency phone number: \_\_\_\_\_ Relation: \_\_\_\_\_

*Everyone attending must complete this registration and release form in order to attend The Light Kids Conference!*

## Release of liability

I indemnify, defend and hold harmless HARVEST MINISTRY TEAMS, the HOSTING CHURCH & CORE TEAM from all claims made and liabilities assessed against them as a result of the registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians. However, if parents or guardians cannot be reached, or if I the signed registrant am 18 years of age or older, I hereby give the HOST CHURCH & CORE TEAM permission to act on my behalf in seeking medical treatment. In the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release the HOST CHURCH & CORE TEAM and MEDICAL PROVIDERS from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the registrant's activities. I further allow my physical representation to be photographed during the event.

I am a parent \_\_\_\_\_ Guardian \_\_\_\_\_ Registrant over 18 years of age \_\_\_\_\_

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Health insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Primary care physician/hospital: \_\_\_\_\_

Describe any prescriptions or medical conditions: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**Extremely Important!!!!**

This portion of the registration form must be completed by parent or guardian to finish the registration process.

As a registered participant, my child, agrees to abide by all guidelines and rules as set forth by THE LIGHT KIDS CONFERENCE and HOST CHURCH & CORE TEAM for their protection and overall safety of the event. Failure to do so may result in disciplinary action and/or being sent home. They will participate in all event activities as health or other factors allow and present them self in an appropriate (dress, actions & attitude) manner. I further agree to allow my child's physical representation to be used in pictures or video for purposes of promotion, etc.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Early registration rate is \$19 per student (postmarked by February 25) and the regular rate is \$25.  
Additional Siblings are \$10 and sponsors are \$15 (this rate stays the same).*

MAKE CHECKS PAYABLE TO: HARVEST (407 Edwardsville Road / Troy, IL 62294 / [www.kidsconference.org](http://www.kidsconference.org))