



**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  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 conference activities.

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: \_\_\_\_\_



**PARTICIPANT RELEASE OF LIABILITY  
PLEASE READ BEFORE SIGNING**

In consideration for allowing myself to participate in any way in the Tennessee Smokies related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent disability and death while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my/ours heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE TENNESSEE SMOKIES, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owner and lessors of premises used to conduct the event ("Releasees") from any and all claims, demands, actions, damages, causes of action, DEATH, or loss or damage to personal property directly or indirectly incident to my involvement or participation in this program, WHETHER ARISING FROM THE NEGLIGENCE, to the fullest extent permitted by the law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all above Releasees from any liabilities to my incident to my involvement or participation in this program, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

PARTICIPANT SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_