



Participant's Name \_\_\_\_\_

**EVENT COVENANT**

As a participant in this Ohio District Youth Event, I will at all times show respect for God, others and myself. I will respect the property of the event sites and other participants. If I am involved in causing any damages, I will pay for them. I will honor the event guidelines, respect and follow the directions given by the organizers of the event, other adult leaders and employees of the event sites and any one else in authority including members of the Ohio District Youth Ministry Team. I will pray for all who are involved in this event.

**RELEASE OF WAIVER AND LIABILITY**

This release and waiver of liability is executed in favor of the Ohio District of the Lutheran Church - Missouri Synod and it's directors, officers, employers, volunteers, agents, members (including, it's congregations, in general, and the congregation of which the Participant may be a member, in particular), successors and assigns (collectively referred to as the "Ohio District").

I, the Participant, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **WAIVER and RELEASE**, I hereby release and forever discharge and hold harmless the Ohio District from any and all liability, claims, demands and causes of action of whatever kind of nature, either in law or equity, which may hereafter arise from my participation and/or service with or related to the youth event known as (marked above) and/or any related project, activity, or event sponsored, managed, arranged or promoted by or other wise affiliated or associated with the Ohio District in which I participate or render service.

I understand and acknowledge that this Release discharges the Ohio District from any liability or claim that I may have with respect to any bodily injury, illness, death or property damage that may result from my participation and/or service. I also understand that the Ohio District does not assume any responsibility or obligation to provide financial assistance including, but not limited to, medical, health or disability insurance, in the event of injury, illness, death or property damage.

2. **INSURANCE**—I understand that the Ohio District may elect to provide group accident or other liability insurance for the benefit of it's volunteers. Any coverage so provided will be governed by the applicable policy language. Except to the extent that I may provide such insurance, the Ohio District does not carry or maintain any health, medical, disability, damage or other liability insurance coverage for the benefit of it's volunteers, and expressly disclaims any responsibility of obligation to do so. As a volunteer or participant, I am expected and encouraged by the Ohio District to maintain medical, health and all other applicable insurance coverage for my own benefit.

3. **MEDICAL TREATMENT**—Except as otherwise agreed to by the Ohio District in writing, I hereby release and forever discharge the Ohio District from any and all liability claims, demands and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with the event identified above or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with the Ohio District.

4. **ASSUMPTION OF RISK**—I understand that my participation with the event identified above and any other project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the Ohio District may include activities that may be hazardous to me. I further recognize and understand that such service or participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk or injury or harm in the activities and release the Ohio District from all liability for injury, illness, death and/or property damage that may result.

5. **PHOTOGRAPHY/AUDIO/VIDEO RELEASE**—I do hereby grant and convey unto the Ohio District all rights, titles and interest in and to any and all photographic images, video or audio recordings made by or on behalf of the Ohio District, or made with it's consent, during my participation in the event identified above or any project, activity or event sponsored managed, arranged or promoted by or otherwise affiliated with the Ohio District including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

6. **OTHER**—I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by laws, and this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of the Release shall be held in valid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

PARENT \_\_\_\_\_ PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

# Individual Registration

(Please mark one)

The 2016 Ohio District Sr. High Gathering,  
November 18—20, 2016, Crowne Plaza, Dublin

The 2017 Ohio District Jr. High Gathering,  
March 10—12, 2017, Crowne Plaza North, Columbus



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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ School grade: \_\_\_ Youth: \_\_\_ Adult: \_\_\_ Male: \_\_\_ Female: \_\_\_

Home Church: First Trinity Lutheran Church City: Tonawanda, NY

Attending Chaperon Jason Christ Cell Phone: 716-860-5007

## Emergency & Medical Information:

Mother Name: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Father Name: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Alternate Contact (if parent cannot be reached) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

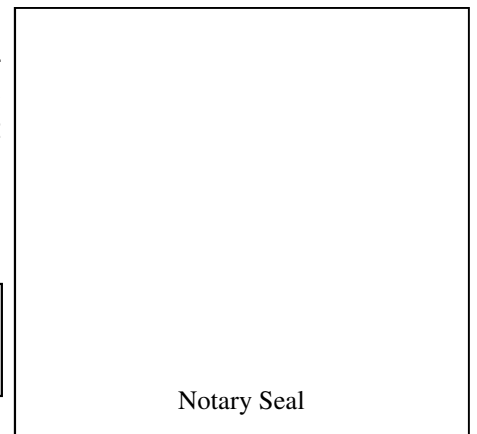
Specialist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **ATTACH A COPY OF YOUR INSURANCE CARD. ALSO LIST PRESCRIPTION MEDICATIONS, ALLERGIES, FOOD ALLERGIES AND OTHER IMPORTANT INFORMATION.**

In the event of any emergency, I expect the leaders to contact me or the emergency contact that I have named. I authorize the adults present to administer First Aid, solicit emergency care by EMT and/or hospital staff. In the case of extreme emergency, I authorize the adult leaders from my church and the event adult leaders to authorize proper treatment, including injection, anesthesia or surgery if I cannot be reached and every attempt has been made to reach me.

Parent: \_\_\_\_\_ Date \_\_\_\_\_

If the parent/guardian does not approve of the above statement, they MUST submit a notarized, detailed letter on a separate page with explicit directions for the care of their child.



Notary Seal

Notary: \_\_\_\_\_ Date \_\_\_\_\_