



Youth Participant - Release of Liability
Please Print and Provide All Information Requested.

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. PLEASE REVIEW IT CAREFULLY.

Name of Participant: _____ Participant's Date of Birth: _____

Church Name: _____ Team Name: _____

Event Locations: Vienna & Sterling, Virginia Dates Participant Will Attend Event April 7-9, 2016

In consideration of my participation in "Awana 2016 Summit" and its related activities ("Event"), I am signing this Participant Consent Release of Liability. My attendance and participation in the Event hereby affirms the terms and conditions of this Release.

Release of Liability

Prior to my involvement in the Event, I acknowledge that involvement in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

I am fully capable of safely participating in the Event and I expressly assume all risks of my involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, and any of my heirs, family, estate, administrators, and personal representatives.

Consent to Medical Treatment

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

Will Participant be under any medication while at Event? Yes No If yes, please provide details:

Media Release

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

General Provisions

I represent and warrant that I am either the Participant named above, or the Participant's Parent/Legal Guardian. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate. If any portion of this Agreement is determined to be invalid or unenforceable under applicable law, the remainder of this Agreement shall remain valid. I expressly agree that this Release is intended to be as broad and inclusive as permitted by law and that this Release shall be governed by and interpreted in accordance with the laws of the State of Virginia, without regard to its conflict of law provisions.

Participant Signature

Date Signed

Printed Name

Phone Number/E-Mail Address

If Participant is under the age of 18:

Parent/Legal Guardian Signature

Date Signed

Printed Name and Phone Number

Emergency Contact: Name and Phone Number