

## Student Waiver Form for Youth Alive at Lake Williamson

I (we) hereby give permission for my (our) child to attend and participate in Youth Alive 2010 sponsored by Tim Lee Ministries and hosted by Lake Williamson in Carlinville, IL. I also give consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by Youth Alive & Tim Lee Ministries. I further give Youth Alive and its representative's permission to transport my child at their discretion in case of an emergency. I do hereby agree to hold Youth Alive, Tim Lee Ministries, Lake Williamson, their employees and volunteers harmless of any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my child, property, even injury resulting in death.

I understand that going to Youth Alive 2009 means that photos and videos of my child will be taken while at camp may be used in Youth Alive publications.

I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication, Youth Alive, Tim Lee Ministries and Lake Williamson will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video, and subsequently using, altering or republishing them without my consent.

I waive any claim or damages against Youth Alive, Tim Lee Ministries or Lake Williamson from un-consented use, alterations, or republications of my child's photographs and video by third parties accessing the Internet/World Wide Web.

If the YA attendee is under 18 years of age, parent or legal guardian sign below:

**SIGN:**

**PRINT:**

\_\_\_\_\_

### Church Information:

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

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

Group Leader Name: \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Please provide a copy of Medical Insurance Policy Card**

## **Adult Waiver Form for Youth Alive at Lake Williamson**

I the undersigned, being 18 years of age or older will participate in Youth Alive 2010 sponsored by Tim Lee Ministries and hosted by Lake Williamson in Carlinville, IL. I give consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by Youth Alive & Tim Lee Ministries. I further give Youth Alive and its representative's permission to transport me at their discretion in case of an emergency. I do hereby agree to hold Youth Alive, Tim Lee Ministries, Lake Williamson, their employees and volunteers harmless of any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to me, my property, even injury resulting in death.

I understand that going to Youth Alive 2010 means that photos and videos of me will be taken while at camp may be used in Youth Alive publications.

I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication, Youth Alive, Tim Lee Ministries and Lake Williamson will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video, and subsequently using, altering or republishing them without my consent.

I waive any claim or damages against Youth Alive, Tim Lee Ministries or Lake Williamson from un-consented use, alterations, or republications of my photographs and video by third parties accessing the Internet/World Wide Web.

Over 18 years of age sign below:

**Sign:** \_\_\_\_\_ **Print:** \_\_\_\_\_

### **Church Information:**

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

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

Group Leader Name: \_\_\_\_\_

### **Your Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Please provide a copy of Medical Insurance Policy Card**