



Waiver & Release Form

Master - Please Photocopy this Form

DARE 2 SHARE

MINISTRIES INTERNATIONAL

**Each student registrant must have his/her parent/guardian sign the Waiver & Release.
Each adult registrant must sign the Waiver & Release.**

Please print clearly.

Student's Name _____ Graduation Year _____

Parent/Guardian's Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (____) _____ (____) _____ E-Mail _____

daytime

evening

Please indicate which of the following describes you: (more than one may apply)

Male Female High School Student Jr. High Student

Group Leader Parent Adult Chaperone

I need special seating at the conference due to a physical limitation. Attached is a written statement describing my need.

Conference City _____

Church Name _____

Leader's Name _____

"Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant's participation in the D2S conference. I voluntarily release and forever discharge Dare 2 Share Ministries (D2S) 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 D2S 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 D2S arising from the registrant's participation in conference activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give D2S 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 D2S 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 participation in conference activities."

Circle the one that applies:

Parent or Guardian

Registrant over 18

Signature: _____

If you are a Parent or Guardian of a registrant who is under 18 years of age, please print your name here:

Emergency Contact's Name: _____

Day Phone: _____ Eve Phone: _____

Please return this form to your youth leader at least one week prior to the event.

Youth Leaders: Please bring this form with you to the event and drop it off at the registration area.