

Total Surrender
Summer Youth Conference 2026
RELEASE FORM

(PLEASE PRINT)

YOUTH NAME: (LAST) _____ (FIRST) _____

PARENT NAME: (LAST) _____ (FIRST) _____

PARENT EMAIL ADDRESS: _____ YOUTH MALE: __ or FEMALE: __

PARENT CELL PHONE _____ PARENT WORK PHONE _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDAY: _____ AGE: _____ GRADE JUST COMPLETED: _____

HOME CHURCH: _____

PARENTAL CONSENT/PERMISSION

The undersigned does hereby give permission for my (our) child, _____, to attend and participate in activities sponsored by Church Alive.

The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose cars the minor has been entrusted while attending and participating in activities sponsored by Church Alive.

MEDIA CONSENT AGREEMENT

I understand and agree that photographs, video, and any other form of media of the above listed guest may be used in camp promotional materials, used on the camp website, and published in any camp generated media.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

Total Surrender
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MEDICAL CONSENT/HEALTH RECORD

List any known Allergies _____

List any Medical Restrictions _____

Date of last Tetanus shot: _____/_____/_____

Medicines taken _____

Family Doctor _____ Doctor's Phone Number _____

MEDICAL TREATMENT

I (We) are the parent(s) or legal guardian(s) of this participant, and hereby grant Church Alive's representatives' permission to secure necessary medical treatment for my child by a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery, and assume the responsibility of all medical bills, if any.

Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

EMERGENCY AUTHORIZATION

In case of emergency, I hereby give permission to the physician(s) selected by a Church Alive representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery. I am in favor of myself/child attending this event, and accept the conditions named. The health history and application information are correct to the best of my knowledge, and I understand the EMERGENCY AUTHORIZATION statement and give my full consent to the terms found therein.

Hospital insurance: ____ Yes ____ No

Insurance Company: _____

Policy Number: _____ Participant _____

Emergency phone numbers:

(_____) _____ - _____ Father

(_____) _____ - _____ Mother

(_____) _____ - _____ Other

As the applicant or applicant's legal guardian, I agree to the above authorizations and agreements and attest that all information contained in this application is both true and accurate. I hereby agree to abide by ALL regulations and policies.

Applicant Signature Date

Legal Guardian Signature (required if under 18) Date

Total Surrender Summer Youth Conference (Church Alive)

LIABILITY RELEASE FORM

Release of All Claims

In consideration of being accepted by Church Alive for participation in the Total Surrender Summer Youth Conference, I (we) being 18 years of age or older, do for myself and on behalf of my child-participant (if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Church Alive, the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in the above described trip or activity.

Furthermore, I (we) [and on behalf of my (our) child-participant, if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

(Only participants need to sign if they are 18 years of age or older. If under 18, both participant and parent must sign. Both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Youth signature _____ Date _____

Mother/Guardian signature _____ Date _____

Father/Guardian signature _____ Date _____